

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Adams* Town *Smithsburg* County *Washington Co* MARYLAND

Died at *Smithsburg* Month *March* Day *4* Years *about 83* Months Days

Date of death *1900* Age *about 83*

Sex *male* Color or Race *white* Birth-place *Beaver Creek*

Occupation *Retired Farmer* Where Residing if not at place of death *Smithsburg*

Married, Single or Widowed *Widow* Name of Wife or Husband *Elizabeth Adams*

Father's Name *Jacob Adams* Father's Birthplace *Not Known*

Mother's Maiden Name *not known* *Sallie Adams* Mother's Birthplace *Not Known*

Name of person giving Information *John H Rohrer* How related to deceased *Son-in-law*

CAUSES OF DEATH

Primary *General Debility* How long *154* *4 months*

Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo M Kefauver
Smithsburg Maryland

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

Annie Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown ^{Town} Washington ^{County} MARYLAND

Date of death 1900 ^{Month} 3 ^{Day} 10 Age 66 ^{Years} — ^{Months} — ^{Days} —

Sex Female Color or Race white Birthplace Ida

Occupation House wife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Charles W. Alexander

Father's Name John W. Boswell Father's Birthplace France

Mother's Maiden Name Rebecca Feigley Mother's Birthplace Ida

Name of person giving Information Charles Alexander How related to deceased Husband

CAUSES OF DEATH

79 ✓

PHYSICIAN
OR CORONER

Primary Chronic Myocarditis with Fibroid Degeneration ^{How long} Perhaps years

Immediate Cardiac failure ^{How long} 1 month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. M. Hagaman Address Hagerstown Md

Accident or Suicide No

L. M. Watkins

Name
in
Full

Emmett Mason Antkney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at ^{Town} Charlton ^{County} Washington MARYLAND

Date of death 1966 ^{Month} March ^{Day} 10 Age ^{Years} ^{Months} 8 ^{Days} 21

Sex Male Color or Race White Birth-place Charlton

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Howard N Antkney Father's Birthplace Ind

Mother's Maiden Name Ella M Davis Mother's Birthplace "

Name of person giving Information Howard N Antkney How related to deceased Father

CAUSES OF DEATH

Primary Whooping Cough How long 10 days

Immediate Broncho Pneumonia How long 4 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

J. P. Perry
Clearspring Ind

Accident or Suicide

PHYSICIAN
OR CORONER

Brom June 18 1909

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Gertrude Arding*
Town *Williamsport* County *Washington*
Died at *Williamsport*
Date of death *1960 March 13* Age *—* Months *—* Days *—*

MARYLAND

Sex *Female* Color or Race *white* Birth-place *Williamsport Md*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Rabert C Arding*

Father's Name *Rabert C Arding* Father's Birthplace *Williamsport Md*

Mother's Maiden Name *Margaret A Castle* Mother's Birthplace *Williamsport Md*

Name of person giving Information *Rabert C Arding* How related to deceased *Parents*

CAUSES OF DEATH

Primary *Still born*

How long *8*

Immediate *—*

How long *—*

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

W. Richardson

Address

Williamsport Md

Accident or Suicide

no

PHYSICIAN
OR CORONER

Williamport. Md. March 14th 1910.
Interment in River View Cemetery.
By Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catharine Bally		Town		County		MARYLAND	
Died at		Paramount		Washington			
Date of death		1960	Month	March	Day	23	Age
				Years		88	Months
						4	Days
						26	
Sex		F		Color or Race		W	
Occupation		House Keeper		Birth-place		Lancaster Pa	
Where Residing if not at place of death		Paramount					
Married, Single or Widowed		Widowed		Name of Wife or Husband		Frank Bally	
Father's Name		? Hamberger		Father's Birthplace		Germany	
Mother's Maiden Name		Catharine Hamberger		Mother's Birthplace		Lancaster Pa	
Name of person giving information		Mary Keener		How related to deceased		Daughter	

A R Breubaker

CAUSES OF DEATH

120

V

PHYSICIAN
OR CORONER

Primary	Chronic Endocarditis, Nephritis	How long	3-4 years.
Immediate	uracemia.	How long	few days.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	M. Prustner Miller
		Address	Hay, Ind.
Accident or Suicide?	no		

John Keener
Route #6

Ruffs church.

A. R. Brewbaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Becil Banzhof

Town

County

MARYLAND

Died at

Pinesburg

Washington

Date

Month

Day

Years

Months

Days

of death

1990 Mar.

24

Age

2 wks

0

1

Sex

Male

Color or
Race

white

Birth-
place

Pinesburg

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Charles Banzhof

Father's
Birthplace

Pinesburg

Mother's
Maiden Name

Maud Rupp

Mother's
Birthplace

Pinesburg

Name of person giving
Information

Charles Banzhof

How related
to deceased

100

CAUSES OF DEATH

Primary

Locked Bowel

How long

4 or 5 days

Immediate

Exhaustion

How long

Two hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. H. Richardson

Address

Williamport Ind.

Accident or Suicide

No.

PHYSICIAN
OR CORONER

Williamport Md. March 25th/10
Enternent in Riverview Cemetery
By J. H. Neeps Undertaker.

Name
in
Full

Miss Jane Bear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Beaver Creek</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1900</u> ^{Month} <u>Mar</u> ^{Day} <u>10</u>		Age <u>66</u> ^{Years}		<u>—</u> ^{Months} <u>—</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>md</u>	
Occupation <u>House work</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Jack Bear</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Nancy Keller</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>Mary Funk</u>		How related to deceased <u>Sister</u>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>3 weeks</u>
Immediate <u>Heart Failure</u>	How long <u>Immed.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S. S. Davis</u>
<u>—</u>	Address <u>Brownboro md</u>
Accident or Suicide <u>—</u>	

Coffman
Beverly Creek

A. K. Coffman

Name
in
Full

William Arthur Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagersloin		^{County} Washington		MARYLAND	
Date of death 19 <u>50</u>		Month March	Day 28	Age 30	Months — Days 4
Sex male		Color or Race colored		Birth-place Chestnut Hill Md.	
Occupation laborer		Where Residing if not at place of death			
Married, Single or Widowed single		Name of Wife or Husband			
Father's Name Thomas S. Bell		Father's Birthplace Md.			
Mother's Maiden Name Mary E. Brown		Mother's Birthplace Md.			
Name of person giving Information Harry Bell		How related to deceased brother			

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis		(28) How long 2 years.
Immediate Cardiac Failure		
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician Harry Bell Address Hagersloin Md.
Accident or Suicide <u>No</u>		

S. E. Ford

Name
in
Full

Calvin Borne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bellevue		County Wash		MARYLAND	
Date of death	19 10	Month 3	Day 30	Age 64	Years	Months 8	Days —
Sex	male		Color or Race	white		Birth- place	Md.
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Julia Borne			
Father's Name	Samuel Borne				Father's Birthplace	Md.	
Mother's Maiden Name	Mary Newcomer				Mother's Birthplace	Md.	
Name of person giving In formation	Bessie Newcomer				How related to deceased	daughter	

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

Primary	Chronic Encephalitis		How long	6 years
Immediate	Hæmation		How long	2 wks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. M. Wutz
			Address	Hagstam -
Accident or Suicide?				

L.M. Suter Mf Son

Name
in
Full

Rachael Brackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Meriton</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	19 <i>40</i>	Month <i>3</i>	Day <i>15</i>	Age <i>13</i>	Months <i>11</i> Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Md</i>		
Occupation <i>Helper</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Letitia Brackett</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Ernest Jackson</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

54 ✓

PHYSICIAN
OR CORONER

Primary <i>Pernicious Anemia</i>	How long <i>4 months</i>
Immediate <i>_____</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. T. Younte</i>
	Address <i>Brownsville Maryland</i>
Accident or Suicide? <i>_____</i>	

John M. C. Arthur,
Undertaker

Name
in
Full

Richard Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

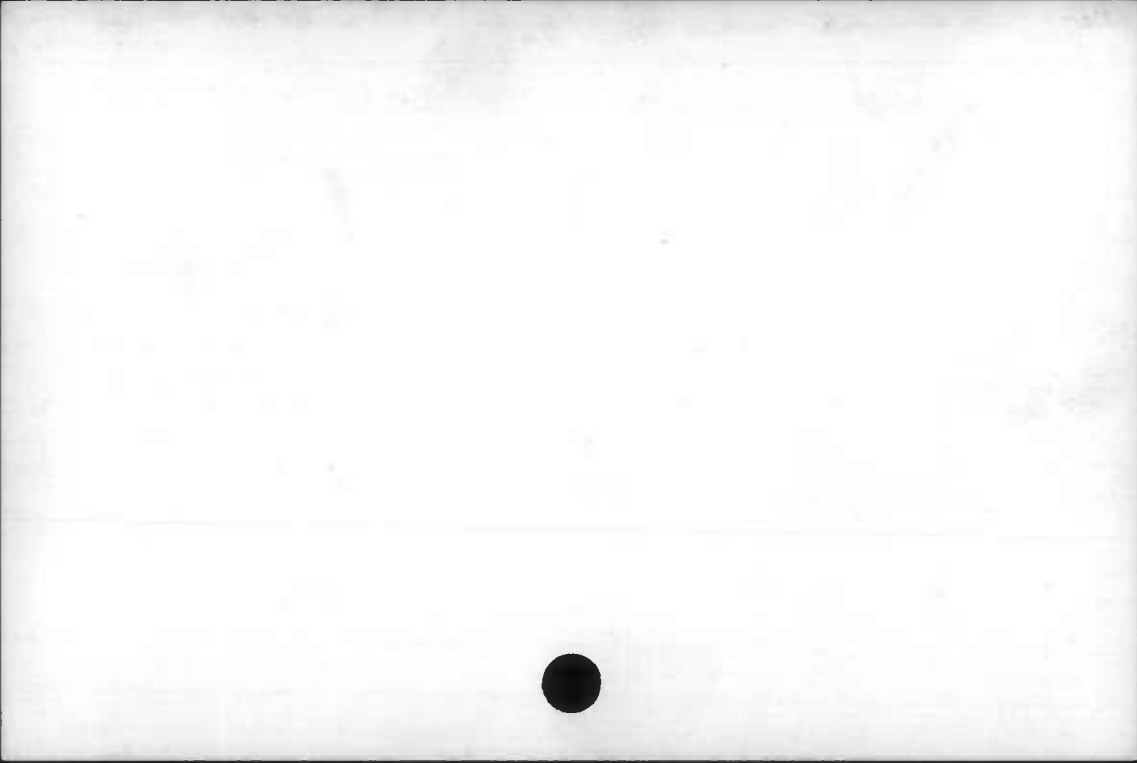
Died at	^{Town} Bagtown	^{County} Washington	MARYLAND			
Date of death	1900	Month March	Day 4	Age 72	Months 7	Days 3
Sex	Male	Color or Race	Negro	Birth-place	Bagtown	
Occupation	Labourer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Elvina McDaniel			
Father's Name	Ralph Brooks			Father's Birthplace	Wash. Co.	
Mother's Maiden Name	Sarah Wright			Mother's Birthplace	Wash. Co.	
Name of person giving Information	Elvina Brooks			How related to deceased	Wife	

CAUSES OF DEATH

10

PHYSICIAN
OR CORNER

Primary	Influenza	How long	7 days
Immediate	Croupous Pneumonia	How long	2 "
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. J. Smith
		Address	Boonsboro Md
Accident or Suicide			



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *George Brown* Town *Smithsburg* County *Washington* MARYLAND

Died at *Smithsburg* Date of death 19*80* Month *3* Day *1* Age *1* Year *1* Month *1* Day *1*

Sex *Male* Color or Race *White* Birth-place *Smithsburg*

Occupation *None* Where Residing if not at place of death *Smithsburg*

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband *None*

Father's Name *George W. Bacon* Father's Birthplace *Fredricks Co.*

Mother's Maiden Name *Lidia S. McMichael* Mother's Birthplace *Page Co. Va.*

Name of person giving Information *Dr. M. K. Kefauver* How related to deceased *Physician*

CAUSES OF DEATH

151

PHYSICIAN
OR CORNER

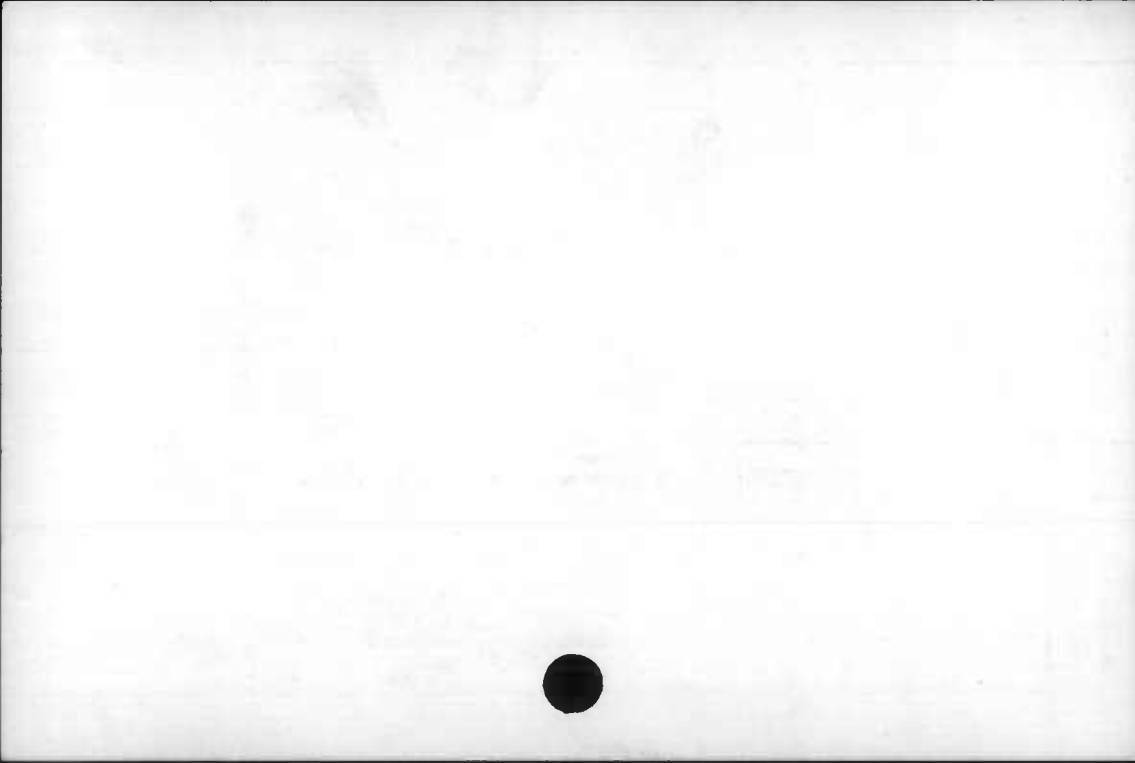
Primary *Premature Birth* How long *1 day*

Immediate *11* How long *11*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. M. K. Kefauver* Address *Smithsburg Maryland*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Buchanan</i>		Town <i>Williamsport</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Williamsport</i>		Month <i>3</i>		Day <i>22</i>		Years <i>70</i>	
Date of death <i>1940</i>		Age <i>70</i>		Months <i>4</i>		Days <i>14</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Williamsport</i>			
Occupation <i>Postmaster</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lora Tholf</i>					
Father's Name <i>John Buchanan</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace					
Name of person giving Information <i>Lora Tholf</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

Primary <i>Paralysis</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ernest J. Sautter</i>
	Address <i>Williamsport</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

J M Miller
under Lake
William Spont
under

Name
in
Full

Amanda Craig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1970 Mar.		13	Age	79	2	2	
Sex	Female	Color or Race	White	Birth-place	Hancock 6th		
Occupation	Widow			Where Residing if not at place of death			
Married, Single or Widow				Name of Wife or Husband			
Widow				Morgan H Craig			
Father's Name	Joseph Hodge			Father's Birthplace	Scotland		
Mother's Maiden Name	Susan Powell			Mother's Birthplace	Maryland		
Name of person giving Information				How related to deceased			
Amanda Craig				Daughter			

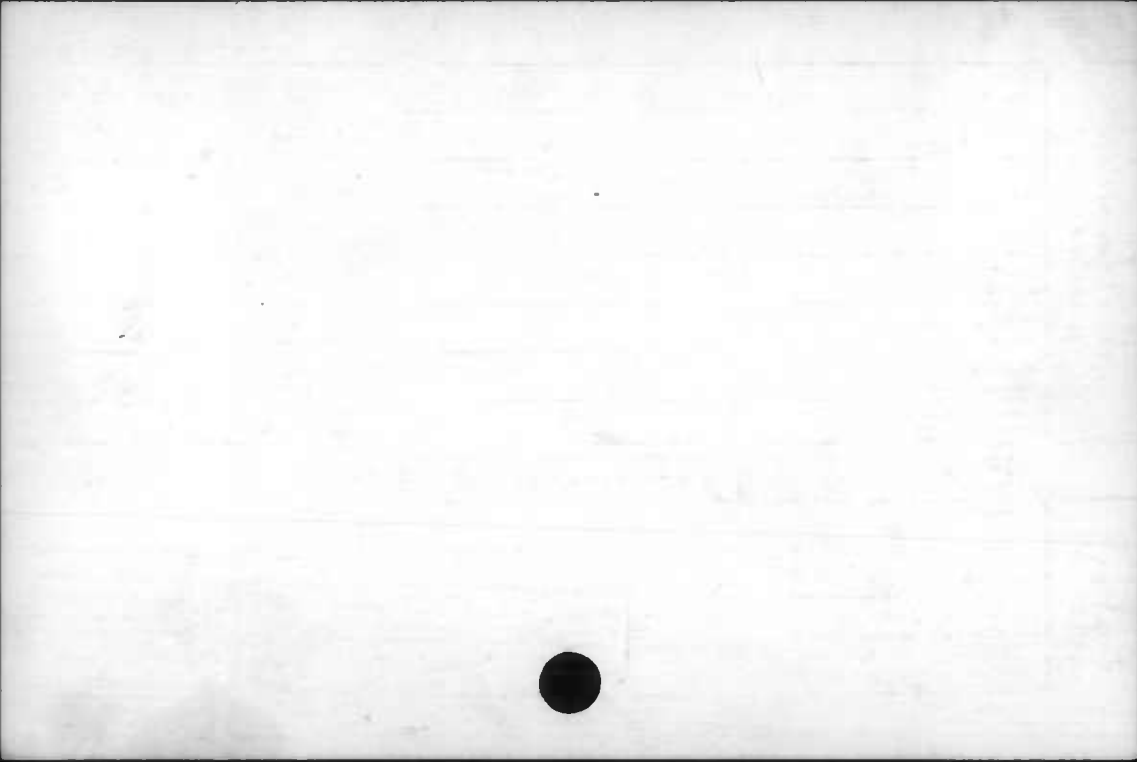
Dr. - Siggers

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis		How long	One week
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P.E. Siggers	
		Address	Hancock Md.	
Accident or Suicide				



Name
in
Full

No Name

Cawley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bovonsboro</u> Town		<u>Washington</u> County		MARYLAND	
Date of death <u>1900</u>	Month <u>March</u>	Day <u>11</u>	Age	Years	Months <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Bovonsboro</u>			
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Roy Cawley</u>	Father's Birthplace <u>Keadyville</u>				
Mother's Melden Name <u>Bessie Styrer</u>	Mother's Birthplace <u>Bovonsboro</u>				
Name of person giving Information <u>Henry Styrer</u>	How related to deceased <u>Grand Father</u>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>mal nutrition</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. J. Smith</u>
	Address <u>Bovonsboro Md.</u>
Accident or Suicide	

Brining & Best
undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Michael Englebright
Town County
Died at *Hagerstown Wash.* MARYLAND
Date of death 19*40* Month *3* Day *18* Age *68* Months *0* Days *13*
Sex *male* Color or Race *white* Birth-place *Va.*
Occupation *Stationery Fireman* Where Residing if not at place of death
Married, Single or Widowed *married* Name of Wife or Husband *Margaret Englebright*
Father's Name *Michael Englebright* Father's Birthplace *Va.*
Mother's Maiden Name *Sarah Miller* Mother's Birthplace *Va.*
Name of person giving Information *Mrs Michael Englebright* How related to deceased *wife.*

CAUSES OF DEATH

Primary *Arterio Sclerosis*How long *Several Years*
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. W. Scott
*Hagerstown*PHYSICIAN
OR CORONER

Accident or Suicide

L.M. Butler & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Anna Margaret Freigley
Died at Hagerstown Washington MARYLAND
Date of death 1980 Month 3 Day 15 Age 78 Months 1 Days 16
Sex Female Color or Race White Birth-place Germany
Occupation H. W. Where Residing if not at place of death _____
Married, Single or Widowed widow Name of Wife or Husband William Henry Freigley
Father's Name John Stine Father's Birthplace Germany
Mother's Maiden Name Not Known Mother's Birthplace Not Known
Name of person giving Information J. Edward Freigley How related to deceased son

CAUSES OF DEATH

Primary Chronic Endocarditis - Nephritis How long (?)
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

no

E.M. Sinter and Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Joshua Flook
Boonsborw

Town

County

Washington

MARYLAND

Date

of death 1901

Month

Mch 22

Day

Age

83

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Retired Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Elizabeth Flook

Father's
Name

John P Flook

Father's
Birthplace

Maryland

Mother's
Maiden Name

Magdalene Shoemaker

Mother's
Birthplace

" "

Name of person giving
Information

Elizabeth Flook

How related
to deceased

Wife

CAUSES OF DEATH

Primary

General Debility

How long

2 yrs

Immediate

Prostatic Inflammation

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. C. Wheeler M. D.

Address

Boonsborw

Washington Co

Accident or Suicide

PHYSICIAN
OR CORONER

Bruning & Best
undertakers

Name
in
Full

Millie Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beaver Creek</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	<i>1940</i>	Month <i>March</i>	Day <i>18</i>	Age <i>23</i>	Years	Months <i>3</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>Spotted</i>		Birth-place <i>Mount Etna</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Beaver Creek</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>no</i>						
Father's Name <i>Charles H. Fowler</i>	Father's Birthplace <i>Chesapeake</i>						
Mother's Maiden Name <i>Margaret Games</i>	Mother's Birthplace <i>Hagerstown</i>						
Name of person giving information <i>Charles H. Fowler</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

74 ✓

PHYSICIAN
OR CORONER

Primary <i>Tumor of Brain</i>	How long <i>4 years</i>
Immediate <i>Meningitis Chronic</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. J. Quince</i>
	Address <i>Chesapeake Md.</i>
Accident or Suicide?	

L. F. Reicher
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

unnamed Child Loe Big
Died at ^{Town} Hagerstown ^{County} Washington
Date of death 1948 ^{Month} Mar ^{Day} 28 ^{Age} — ^{Years} — ^{Months} — ^{Days} 1

MARYLAND

Sex Female Color or Race White Birth-place Md
Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Albert Herbig

Father's Birthplace Pa

Mother's Maiden Name Jennie Cramer

Mother's Birthplace Md

Name of person giving Information Jennie Cramer

How related to deceased Mother

CAUSES OF DEATH

Primary Prematurity
Immediate Asthenia

How long One day
How long One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

J. R. Longhitt
Hagerstown

Accident or Suicide

to Gaskline
AK Coffman
Pete Hill

A. K. Coffman

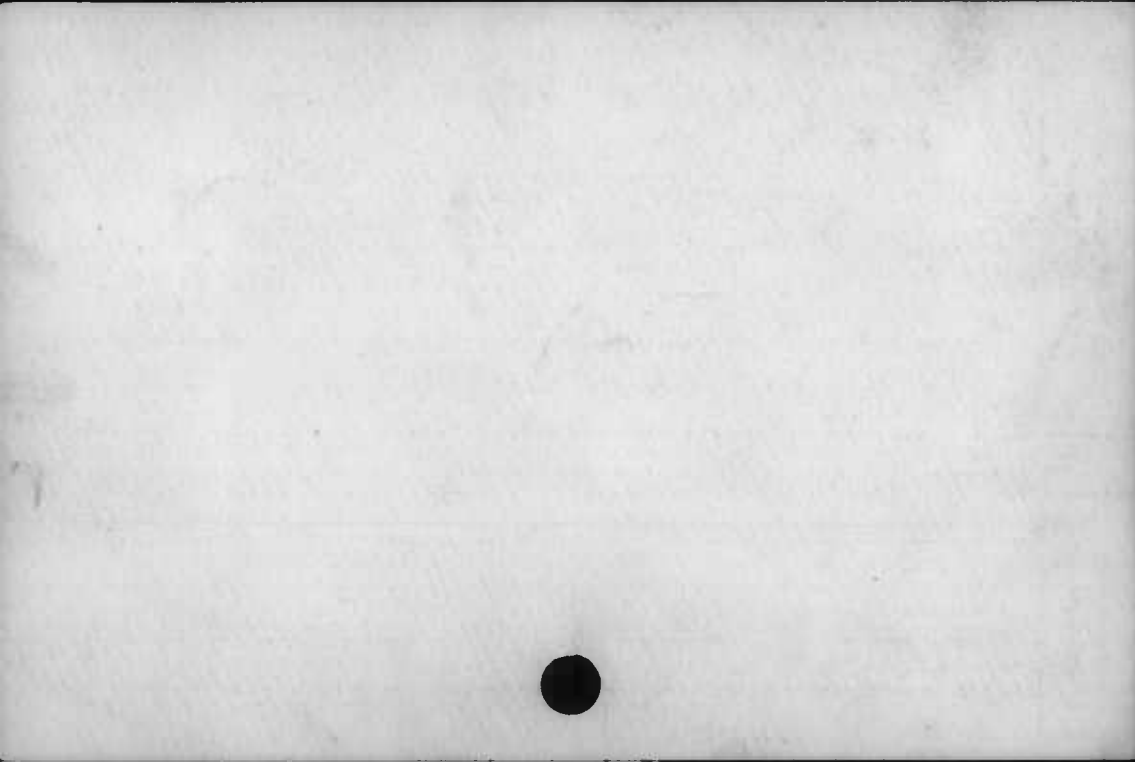
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <i>Hancock</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1900</i>	Month <i>March</i>	Day <i>13</i>	Age <i>64</i> Years	Months <i>11</i> Days <i>0</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Fredenicksco</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs Belle Grove</i>				
Father's Name <i>Jacob Grove</i>			Father's Birthplace <i>Fredenicksco</i>		
Mother's Maiden Name <i>Willard</i>			Mother's Birthplace <i>Fredenicksco</i>		
Name of person giving In formation <i>Mrs Belle Grove</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

Primary	<i>Hemorrhage</i>	How long	<i>85</i> ✓
Immediate		How long	<i>10 min.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Edward Truitt</i>	
		Address <i>Hancock, Md.</i>	
Accident or Suicide? <i>X</i>			



Name
in
Full

Jane Rebecca Haller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Boonshoro		County Washington		MARYLAND	
Date of death	1900	Month	March	Day	7	Years	Age 71
						Months	11
						Days	23
Sex	Female		Color or Race	White		Birth-place	Fred. Co
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	John Haller			
Father's Name	Peter Miles				Father's Birthplace	Ind.	
Mother's Maiden Name	Maggie Brookins				Mother's Birthplace	Pa.	
Name of person giving Information	John Haller				How related to deceased	Husband	

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	Cancer of the right breast		How long	number of years
Immediate	Septicemia		How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	E. T. Smith
			Address	Boonshoro
				Ind.
Accident or Suicida				

Bruning & Bart
undertakers

Name
in
Full

allen First Heller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hancock</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death <u>1910</u> <small>Year</small>	<u>March</u> <small>Month</small>	<u>25</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u> </u> <small>Months</small>	<u>9 hours</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Hancock</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>J. Allen Heller</u>	Father's Birthplace <u>Hancock Md</u>				
Mother's Maiden Name <u>Bertie Flood</u>	Mother's Birthplace <u>Fulton Co. Pa</u>				
Name of person giving information <u>J. A Heller</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

176

132

PHYSICIAN
OR CORONER

Primary <u>Prolonged pressure on head during parturition</u>	How long <u>30 minutes</u>
Immediate <u>Apnoea</u>	How long <u>1 1/2 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. E. Stables</u>
	Address <u>Hancock, Md</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Mary Hipner
Town Hagerstown County Wash.
Died at
Date of death 1906 3 14 Age 76 Months 11 Days 29
Sex female Color or Race white Birth-place Germany
Occupation H. W. Where Residing if not at place of death
Married, Single or Widowed widow Name of ~~Wife or~~ Husband Thomas Hipner.
Father's Name John Selmer Father's Birthplace Germany
Mother's Maiden Name Barbara Hoose Mother's Birthplace Germany
Name of person giving Information Elizabeth Moore How related to deceased daughter
CAUSES OF DEATH 154

PHYSICIAN
OR CORONER

Primary Ape
Immediate Debility
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician Chas. B. Dyckman
Address Hagerstown Md
Accident or Suicide

E. M. Suter and Son

Name
in
Full

CERTIFICATE OF DEATH

Evylon I Hose
Town Hagerstown County Wash.

MARYLAND

Died at
Date of death 1980 Mar. 24
Month Day Years
Age 3 Months 4 Days

Sex Female Color or Race White Birth-place Hagerstown
Occupation _____
Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name Alexander H. Hose Father's Birthplace Maryland
Mother's Maiden Name Nellie Lersey Mother's Birthplace Penna
Name of person giving Information Alexander H. Hose How related to deceased Father

CAUSES OF DEATH

189

Primary Marasmus
Immediate Malnutrition
How long Same weeks
How long Same weeks

Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician [Signature]
Address Hagerstown
Accident or Suicide _____

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

S. K. Lowman.

Name
in
Full

CERTIFICATE OF DEATH

Francis. K Jackson

Died at *Merretts* ^{Town}

Washington ^{County}

MARYLAND

Date of death *1900*

Month *3*

Day *1*

Age *11* Years

Months *11*

Days

Sex *Male*

Color or Race *African*

Birth-place *Md*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Ernest Jackson

Father's Birthplace

Md

Mother's Maiden Name

Effie Brackett

Mother's Birthplace

Md

Name of person giving information

Eugene Turner

How related to deceased

Not related

CAUSES OF DEATH

Primary

Whooping cough

How long

3 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. J. Youstie

Address

Brownsville

Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER
H

John M. C. Arthur,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

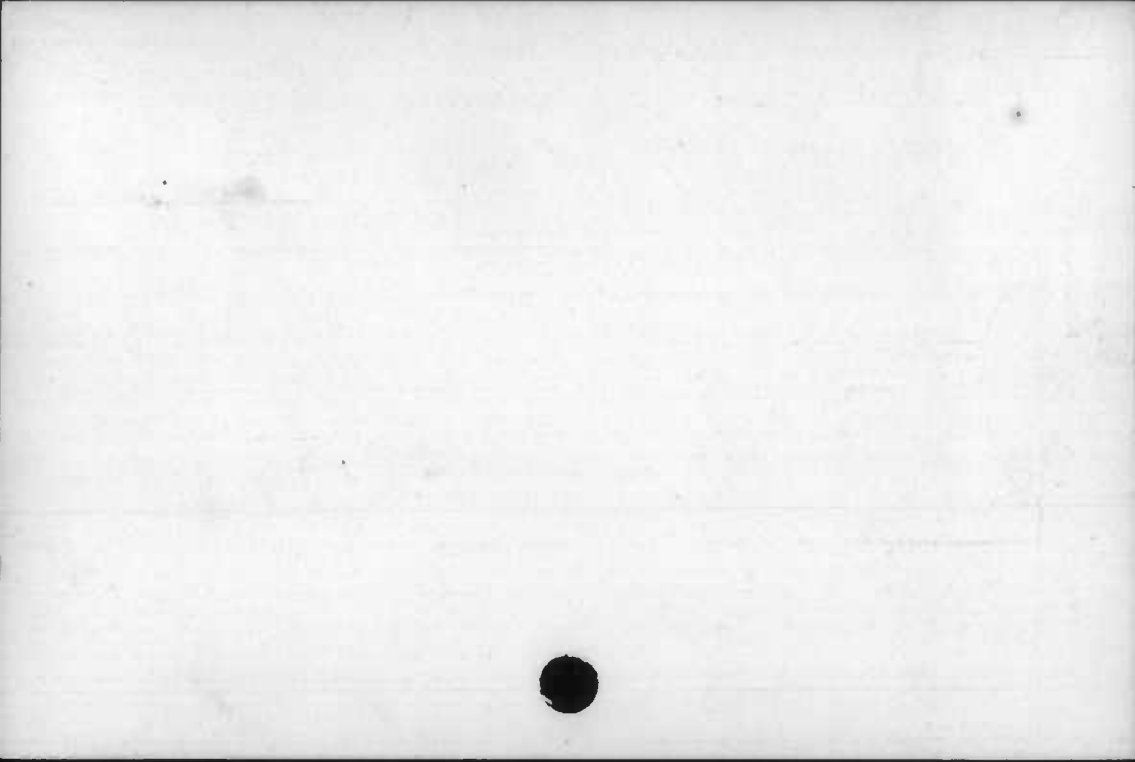
Name in Full <i>Annie Mary Jennings</i>		Town <i>Brownsville</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>3</i>		Day <i>23</i>		Age <i>64</i>	
Date of death <i>1900</i>		Years <i>10</i>		Months <i>25</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Patrick H. H. Jennings</i>					
Father's Name <i>Samuel Brown</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Mary M. Brown</i>		Mother's Birthplace <i>M. d.</i>					
Name of person giving information <i>A. H. H. Jennings</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>18 months</i>
Immediate <i>Gastric Ulcer</i>	How long <i>3 Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. T. Yortee</i>
	Address <i>Brownsville Maryland</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Frances Celesta Jones

Town

County

Died at

Boonsbown

Washington

MARYLAND

Date

of death

1900

Month
Mch

Day

11

Age

Years

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of death~~Married, Single~~
or widowed

single

Name of Wife or
HusbandFather's
Name

Wilbur Jones

Father's
Birthplace

Maryland

Mother's
Maiden Name

Helen Ford

Mother's
Birthplace

Maryland

Name of person giving
Information

Wilbur Jones

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

93

How long

7 days

Immediate

Heart Failure

How long

Immed.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
PhysicianS. S. Davis
Boonsbown
md

Address

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Accident or Suicide

Brimm & Bart
undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Cora A Keadys
Died at *Keadysville* *Washington* County *MARYLAND*
Date of death *1940* Month *3* Day *15* Age *31* Years Months *11* Days *15*
Sex *Female* Color or Race *White* Birth-place *Boonsboro*
Occupation *Worn* Where Residing if not at place of death _____
Married, Single or Widowed _____ Name of Wife or Husband *Harry E Keady*
Father's Name *Alfred C Huffer* Father's Birthplace *Boonsboro*
Mother's Maiden Name *Sarah A Hous* Mother's Birthplace *Boonsboro*
Name of person giving Information *Harry E Keady* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *10 years*
Immediate *Heart Failure* How long *2 hours*
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Richard W. Rice
Keadysville
*md*PHYSICIAN
OR CORONER

Accident or Suicide

H E Suman & Son

Name
in
Full

Florence Keys

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Merton</i> Town		<i>Washington</i> County		MARYLAND	
Date of death <i>1940</i>		Month <i>3</i>	Day <i>6</i>	Age Years <i>31</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Keys</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Leticia Brackett</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Charles Mathews</i>		How related to deceased <i>Not-related</i>			

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <i>Neurosthenia</i>	How long <i>1 month</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Yountee</i>
	Address <i>Brownsville Md</i>
Accident or Suicide?	

John W. Arthur
Undertaker,

Name
in
Full

CERTIFICATE OF DEATH

Not named Leatherman
Died at *near Leesons Washington* *MARYLAND*
Town County

Date of death 19*60* *Mar.* *20* Age *—* Months *—* Days *—*

Sex *—* Color or Race *—* Birth-place *—*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *W. L. Leatherman*

Father's Birthplace *W. Va.*

Mother's Maiden Name *Mary S. Leatherman*

Mother's Birthplace *W. Va.*

Name of person giving Information *Annie Strite*

How related to deceased *Sister*

CAUSES OF DEATH

Primary *Stic Bone*

How long *5*

Immediate *—*

How long

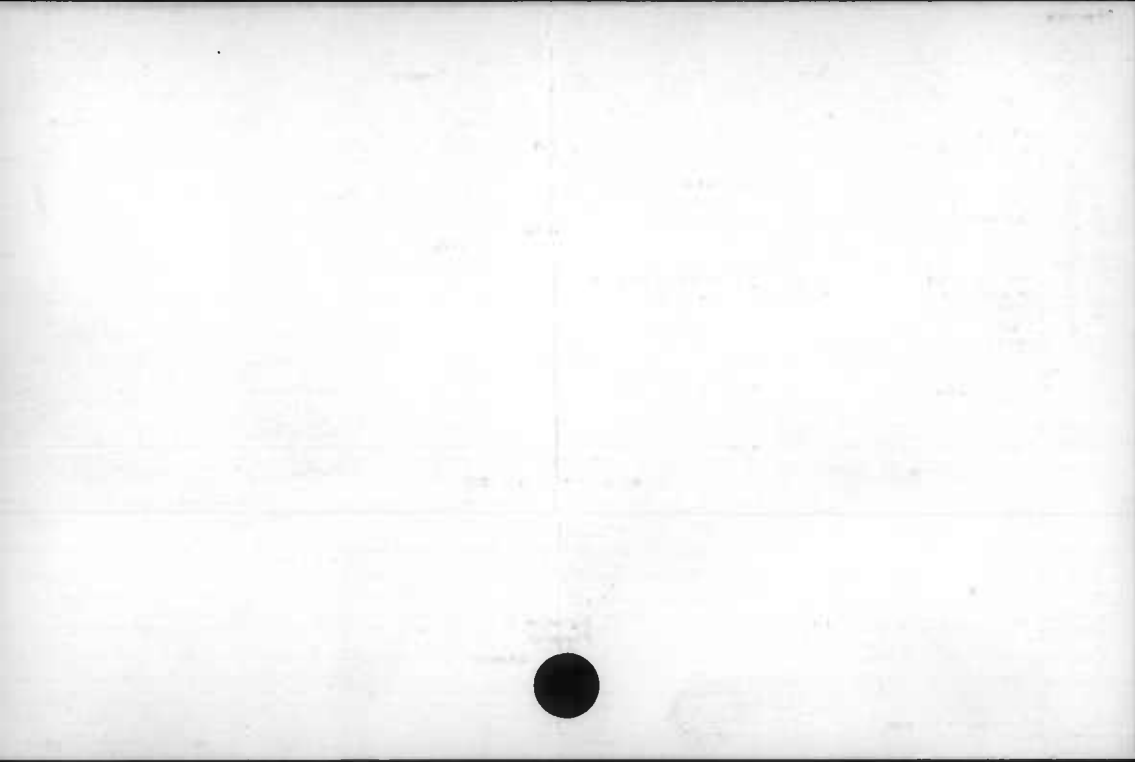
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. R. Miller M.D.*
Address *Wicomico River*
P.O.

Accident or Suicide *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jacob Barr Lehman* County *Washington* State *MARYLAND*
Died at *near Star Town*
Date of death 19*00* Month *3* Day *3* Age *72* Years Months *8* Days *7*
Sex *Male* Color or Race *White* Birth-place *Md*
Occupation *Retired Farmer* Where Residing if not at place of death _____
Married, Single or Widowed *Married* Name of Wife or Husband *Mahala Wallick*
Father's Name *Jacob B. Lehman* Father's Birthplace *Pa*
Mother's Maiden Name *Barbara Funk* Mother's Birthplace *Pa*
Name of person giving Information *Mahala Lehman* How related to deceased *Wife*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *2 years*
Immediate *Uraemic Poisoning* How long *1 1/2 days*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A.D. Stauffer*
no Address *Hagerstown, Md*
Accident or Suicide *no*

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Christian D. Lesher
Town Washington County
Died at Williamsport
Date of death 1940 March 29th Age _____ Months _____ Days 7
Sex Male Color or Race white Birth-place Williamsport Md
Occupation none Where Residing if not at place of death _____
Married Single or Widowed _____ Name of Wife or Husband _____
Father's Name D. T. Lesher Father's Birthplace Franklin Co Pa
Mother's Maiden Name Margaret C. Lesher Mother's Birthplace Fulton Co Pa
Name of person giving Information D. T. Lesher How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature birth
Immediate Exhaustion
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Dr. D. T. Lesher
Address Williamsport Md
Accident or Suicide

151

J. F. Krups.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Le Lighter*
Town *Reedysville* County *Washington* MARYLAND
Died at *Reedysville*
Date of death 19*90* Month *March* Day *4* Age *73* Years Months Days
Sex *Male* Color or Race *white* Birth-place *Maryland*
Occupation *Retired farmer* Where Residing if not at place of death
Married, ~~Single~~ *Married* Name of Wife or Husband *Sophia Lighter*
Father's Name *Joseph Lighter* Father's Birthplace *Maryland*
Mother's Maiden Name *Magdalene Koogler* Mother's Birthplace *Maryland*
Name of person giving Information *Sophia Lighter* How related to deceased *wife*

CAUSES OF DEATH

Primary *Chronic Nephritis* How long *4 years*
Immediate *Uremia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Richard H. Pine M.D.
Reedysville

MD

Accident or Suicide

Brinnig & Bast
undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sherman Leo Lohr*
Town *Hayestown* County *Washington* MARYLAND
Died at
Date of death 1900 *3* Month *17* Day *2* Years *20* Months *20* Days
Sex *Male* Color or Race *White* Birth-place *MD*
Occupation *---* Where Residing if not at place of death *---*

Married, Single or Widowed *Single* Name of Wife or Husband *---*
Father's Name *Chester Lohr* Father's Birthplace *MD*
Mother's Maiden Name *Stella Wolf* Mother's Birthplace *MD*
Name of person giving Information *Chester Lohr* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pneumonia* How long *9 days*
Immediate *Cardiac Failure* How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide

100-6770000
K. H. Hill

100-6770000

A. K. Coffman



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Lushbaugh.

Died at <i>Town</i> <i>Bellevue</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1910</i>	Month <i>3</i>	Day <i>29</i>	Age <i>41</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
Occupation <i>Plasterer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>George Lushbaugh</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Fannie McIntyre</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Charles Lushbaugh</i>			How related to deceased <i>brother</i>		

CAUSES OF DEATH

46 ✓

PHYSICIAN
OR CORONER

Primary <i>Mediastinal Tumor (?)</i>	How long <i>Don't Know</i>
Immediate <i>Dyspnoeic or Mechanic</i>	How long <i>3 hrs -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>	Signature of Physician <i>J. W. Wentz</i>
	Address <i>Stagunstown</i>
Accident or Suicide? <i>—</i>	

E. M. Senter and Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Cecilia Agnes M Cardell
Died at *Williamstown* *Washington* County

MARYLAND

Date of death 1900 *Mar* *28* Age *89* Months *9* Days *28*

Sex *Male* Color or Race *White* Birth-place *Westbury, Mass.*

Occupation *Housekeeper* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Ambrose D. Cardell*

Father's Name *Shadrock S. Oliver* Father's Birthplace *Massachusetts*

Mother's Maiden Name *Maria Stak Catharine Falkenstein* Mother's Birthplace *Williamstown*

Name of person giving Information *Catharine* How related to deceased *Sister*

CAUSES OF DEATH

79

Primary *Chr. Asthma* How long *4 years*

Immediate *Cardiac obstruction* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Ernest H. Fisher*
Address *Williamstown*

PHYSICIAN
OR CORONER

Accident or Suicide

Williamsport. Md. March 30 ~~th~~ 1910.
Interment in Riverview Cemetery
By J. F. Kreps. Undertaker.

Name
in
Full

CERTIFICATE OF DEATH

Ada V Maty

Died at Keedysville ^{Town} Washington ^{County} MARYLAND

Date of death 1910 ^{Month} 3 ^{Day} 9 ^{Age} 30 ^{Years} 3 ^{Months} 3 ^{Days}

Sex Female Color or Race White Birth-place Braclandsville

Occupation House Wife Where Residing if not at place of death —

Married, Single or Widowed Name of Wife or Husband William M Maty

Father's Name Hamilton P Miller Father's Birthplace Belmont

Mother's Maiden Name Martha E Wade Mother's Birthplace Bakersville

Name of person giving Information Martha E Wade How related to deceased Mother

CAUSES OF DEATH

Primary Pneumonia How long 7 days

Immediate Heart Failure How long 6 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Richard H. Price
Keedysville
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER

D E Sumner Low

Name
in
Full

Annice E. Miller

CERTIFICATE OF DEATH

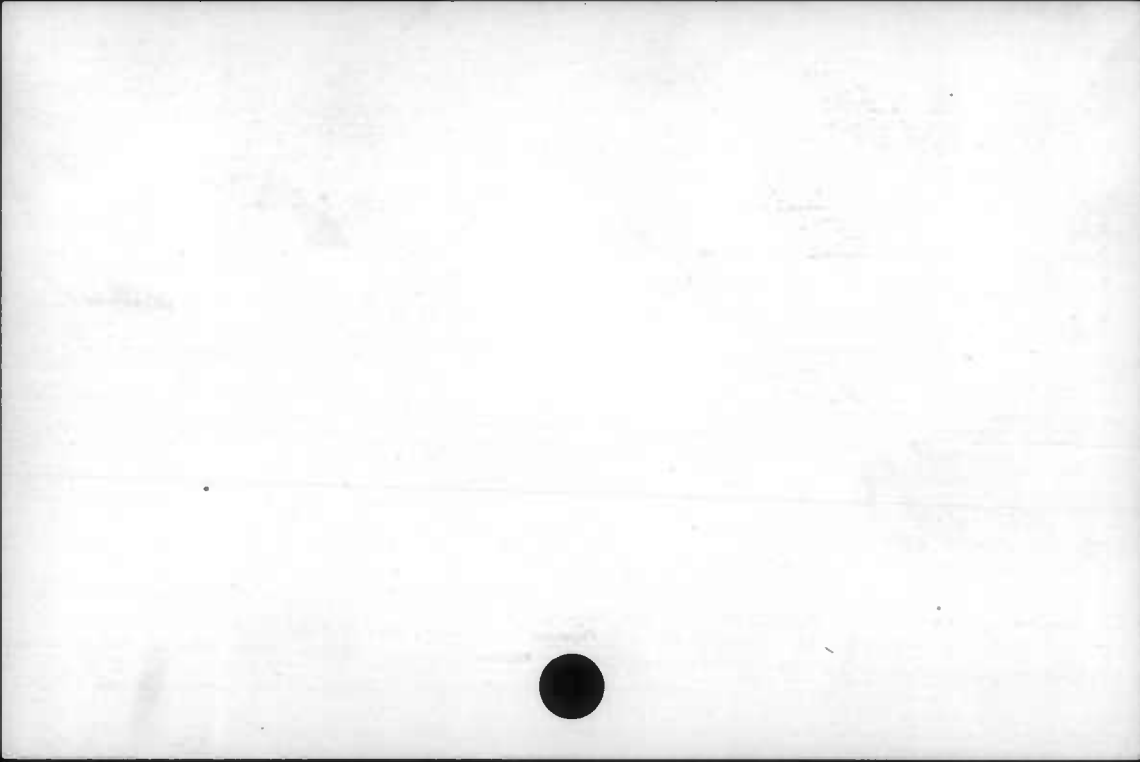
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Smithsburg ^{County} Washington **MARYLAND**
Date of death 1900 Month 3 Day 8 Age 39 Years Months Days
Sex Female Color or Race White Birth-place Balto. Co. Md.
Occupation House Wife Where Residing if not at place of death Near Smithsburg
Married, ~~Single~~ Married Name of Wife or Husband none -
Father's Name Isaac Lovel. Father's Birthplace Balto. Co. Md.
Mother's Maiden Name Annabel Kelbaugh. Mother's Birthplace Fred. Co. Md.
Name of person giving Information Charlie Miller How related to deceased Husband.

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary Acute General Enteritis How long 6 days
Immediate General Peritonitis How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Dr. M. D. K. [Signature]
Address Smithsburg Maryland
Accident, or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Henry Minnich* Town *Reid* County *Washington* MARYLAND

Died at *Reid*

Date of death 1900 *3* Month *8* Day *31* Age *31* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Wash. Co.*

Occupation *Farmer* Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Jacob Minnich* Father's Birthplace *Pa.*

Mother's Maiden Name *Mary Bullis* Mother's Birthplace *Pa.*

Name of person giving Information *Jacob M. Minnich* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *8 days*

Immediate *Syncope* How long *One day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. R. Langhorne*

Address *Hagerstown*

Accident or Suicide ☒

J. E. Gray

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Lydia Moore

Died at

Hagerstown

County

Wash

Date

of death

1908

Month

3

Day

3

Age

Years

40

Months

10

Days

28

Sex

Female

Color or
Rece

White

Birth-
place

Pa

Occupation

N. W.

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Simon Moore

Father's
Name

Jos. S. S. S.

Father's
Birthplace

Pa.

Mother's
Maiden Name

Eliz. Willow

Mother's
Birthplace

"

Name of person giving
Information

Mrs Jacob Dunkle

How related
to deceased

sister

CAUSES OF DEATH

120

Primary

Bright's

How long

6 months

Immediate

Urasmic Febrile

How long

18 years

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. A. Shaffer

Address

Hagerstown

PHYSICIAN
OR CORONER

Accident or Suicide

no

Mrs. Lydia Moon

Name
in
Full

Ezra. Albert. Munson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Near Hancock* County *Washington* **MARYLAND**

Died at *Near Hancock* *Washington*

Date of death *1960* Month *March* Day *22* Age *27* Months *2* Days *9*

Sex *Male* Color or Race *White* Birth-place *Wash. Co. Md.*

Occupation *Laborer* Where Residing if not at place of death *Lived at Home*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Samuel H. Munson* Father's Birthplace *Wash. Co. Md.*

Mother's Maiden Name *Abie A. Exline* Mother's Birthplace *" " "*

Name of person giving Information *Edwards Munson* How related to Deceased *Brother*

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

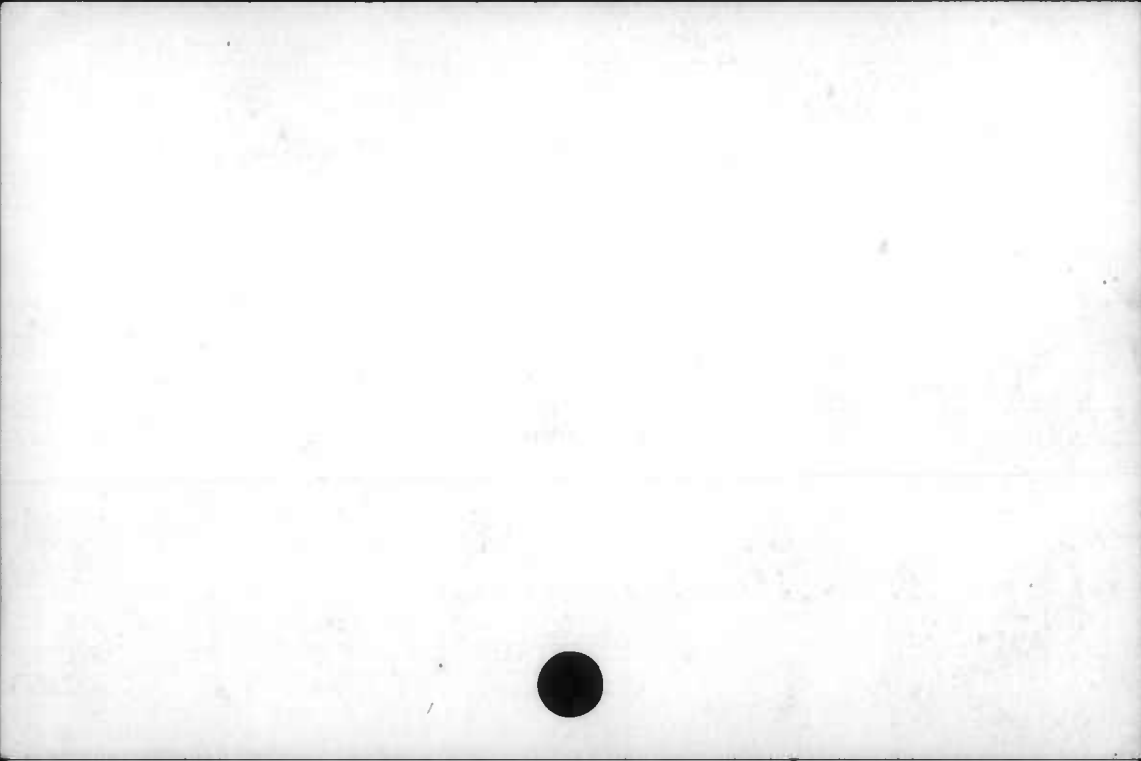
Primary *Fallstom* How long *Some days*

Immediate *Was called in consultation as*

Age, sex, age, sex, color, date and place of birth given above *Male was* Signature of Physician *J. Elwood Stigler*

dying. D. Hask Address *Hancock Md.*

Attending Phy



Name
in
Full

CERTIFICATE OF DEATH

Daisy May Myers

Died at *Kendysville* Town *Washington* County

MARYLAND

Date of death 1910 3 25- Age 26 5- 6

Sex *Female* Color or Race *White* Birth-place *Filmington*

Occupation *House Wife* Where Residing if not at place of death *at*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Howard C Myers*

Father's Name *Alexandria Spracher* Father's Birthplace *Filmington*

Mother's Maiden Name *Annie Mary Moats* Mother's Birthplace *Filmington*

Name of person giving Information *Howard C Myers* How related to deceased *Husband*

CAUSES OF DEATH

166

Primary *Fracture burnings of her body, the entire clothing burning off, with* How long *about 6 hours*

Immediate *intubation of pharynx* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *S. H. Hardman*
Address *Sharpsburg Md*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

18

$$\begin{array}{r} 1910 \\ 1884 \\ \hline 26 \end{array}$$

L E Duman & Son

12
17

Name
in
Full

CERTIFICATE OF DEATH

Sella D Parks

Town

County

MARYLAND

Died at

Hayestown Washington

Date

of death

1900

Month

3

Day

13

Age

Years

35

Months

11

Days

13

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

School Teacher

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Joseph Parks

Father's
Birthplace

Md

Mother's
Maiden Name

Aethia Harman

Mother's
Birthplace

Md

Name of person giving
Information

Aethia Parks

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Toxemia

How long

6 mo

Immediate

Heart failure

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Confession Miller
Hayestown
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

A. K. Coffman
Rowell
A. Miller

A. K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

Unnamed Child of Floyd A Patter
Town County

MARYLAND

Died at Hagerstown

Washington

Date

of death 1900

Month

3

Day

4

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

MD

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Floyd A Patter

Father's
Birthplace

MD

Mother's
Maiden Name

Gene M. Leatherwood

Mother's
Birthplace

MD

Name of person giving
Information

Floyd A Patter

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born.

How long

✓

Immediate

asphyxia - difficult labor.

How long

✓

Are the name, age, sex, color, date
and place correctly given above?

✓

Signature of
Physician

Victor S. Smith

Address

Steg. Md

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. M. Watkins

Name
in
Full

Mildred Hall Phenix

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Hancock ^{County} Washington MARYLANDDate of death 1960 ^{Month} March ^{Day} 6th ^{Years} Age 1 ^{Months} 8 ^{Days} —

Sex Female Color or Race colored Birth-place Hancock

Occupation — Where Residing if not at place of death Hancock

Married, Single or Widowed — Name of Wife or Husband —

Father's Name William Phenix Father's Birthplace W. Va.

Mother's Maiden Name Annie Hall Mother's Birthplace D.C.

Name of person giving Information William Phenix How related to deceased Father

CAUSES OF DEATH

Primary Acute Nephritis 119 ^{How long} 2 wksImmediate Anorexia ^{How long} 10 ds

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

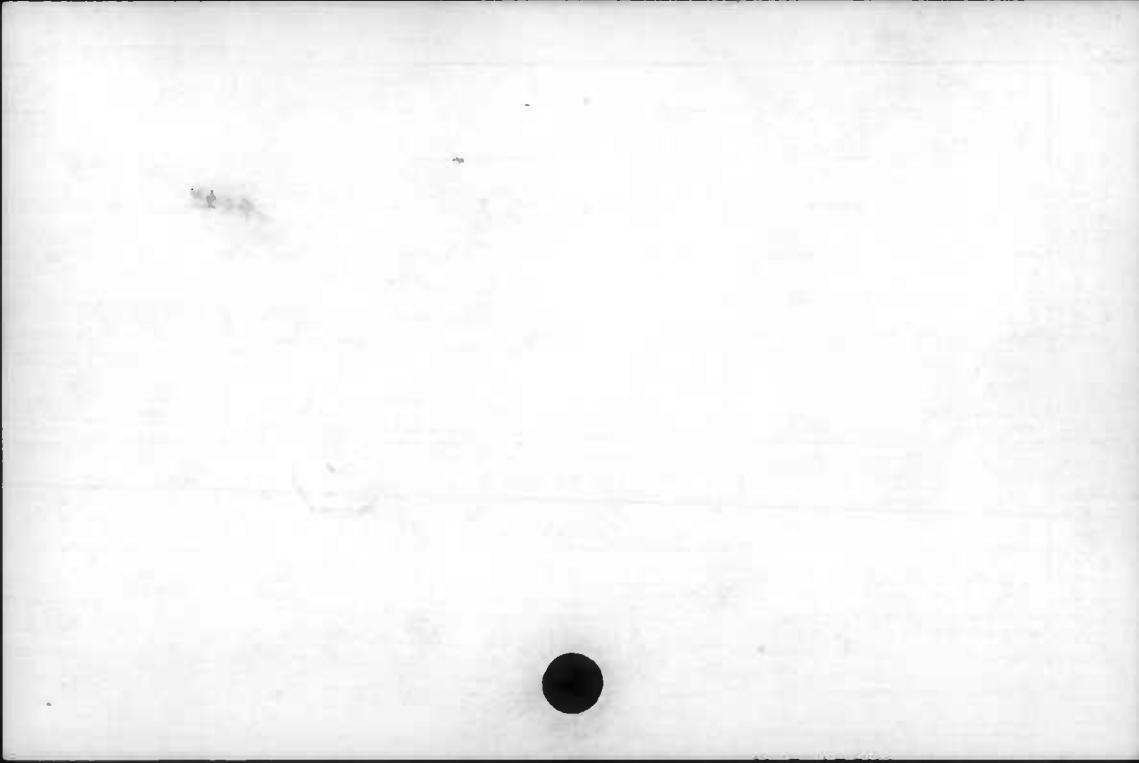
Address

J. L. West.
Hancock Md.

Accident or Suicide

PHYSICIAN
OR CORONER

H



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Martin Henry Poffenberger
Town County
Died at *Lydia* *Washington* MARYLAND
Date of death 19*10* *Mar* *14* Age *4* Months *4* Days
Sex *Male* Color or Race *White* Birth-place *Lydia. Md.*
Occupation *Child* Where Residing if not at place of death
Married, Single or Widowed *Child* Name of W.ife or Husband
Father's Name *Harvey S. Poffenberger* Father's Birthplace *Lydia Md*
Mother's Maiden Name *Sallie Adams* Mother's Birthplace *Beaver Creek, Md*
Name of person giving Information *Harvey S. Poffenberger* How related to deceased *Father.*

CAUSES OF DEATH

9 ✓

Primary *Diphtheria* How long *3 days*
Immediate *Unwined Poisoning* How long *1 day*

Are the name, age, sex, color, date and place correctly given above?

Yes

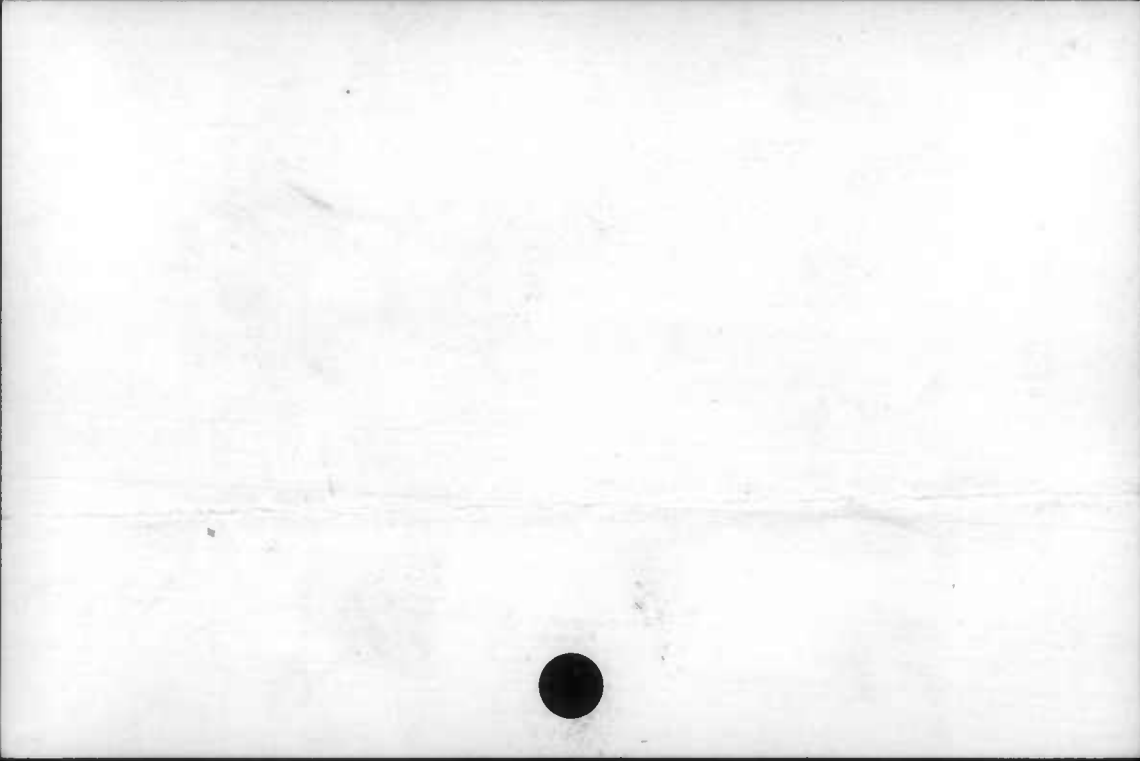
Signature of Physician

Address

W. P. Poffenberger
Harvey S. Poffenberger
Md.

Accident or Suicide

*No*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Leah Jane Potts*
 Died at *Hagerstown* ^{Town} *Washington* ^{County} **MARYLAND**
 Date of death *1940* ^{Month} *3* ^{Day} *5* ^{Years} *66* ^{Months} *11* ^{Days} *23*
 Sex *Female* Color or Race *White* Birth-place *Md*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Widow* Name of Wife or Husband *William Potts*
 Father's Name *Samuel Boyers* Father's Birthplace *Md*
 Mother's Maiden Name *Rachael Thum* Mother's Birthplace *Md*
 Name of person giving Information *Mrs Eyles* How related to deceased *Daughter*

CAUSES OF DEATH

154

Primary *General Debility* How long *4 weeks*
 Immediate *Cardiac Failure* How long *9 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. Kneisley*
 Address *Hagerstown, Md.*

Accident or Suicide

J. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

Kellie Pryor

Town

County

MARYLAND

Died at Hagerstown

Washington

Date

of death

1940

Month

8

Day

26

Age

Years

28

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Hollywood

Occupation

Housewife

Where Residing if not
at place of death

Smithsburg

Married, Single
or Widowed

Married

Name of Wife or
Husband

Oliver R. Pryor

Father's
Name

Robert Henson

Father's
Birthplace

Hollywood

Mother's
Maiden Name

Fannie Smith

Mother's
Birthplace

Hollywood

Name of person giving
Information

Halter Pryor

How related
to deceased

Brother-in-law

CAUSES OF DEATH

Primary

Puerperal infection

Immediate

Peritonitis

Are the name, age, sex, color, date
and place correctly given above?

?

Signature of
Physician

Peregrine Wood, Jr.

Address

Hagerstown

Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

137

How long

5 days

How long

3 days

G. B. Hoover

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Julia C. Purnell*

Town *Heanover* County *Washington* MARYLAND

Died at *Heanover*

Date of death 19*00* Month *Mar.* Day *31* Age *39* Years Months *1* Days *13*

Sex *Female* Color or Race *White* Birth-place *Bedford Co Pa.*

Occupation *Housewife* Where Residing if not at place of death *Died at Home.*

Married, Single or Widowed *Married* Name of Wife or Husband *Joseph F. Purnell*

Father's Name *Mathew Bowman* Father's Birthplace *Pa.*

Mother's Maiden Name *Elizabeth Toole* Mother's Birthplace *Pa.*

Name of parson giving Information *Joseph F Purnell* How related to deceased *Husband.*

PHYSICIAN
OR CORONER

Stigens

CAUSES OF DEATH *29*

Primary *Tuberculosis* How long *2 Years*

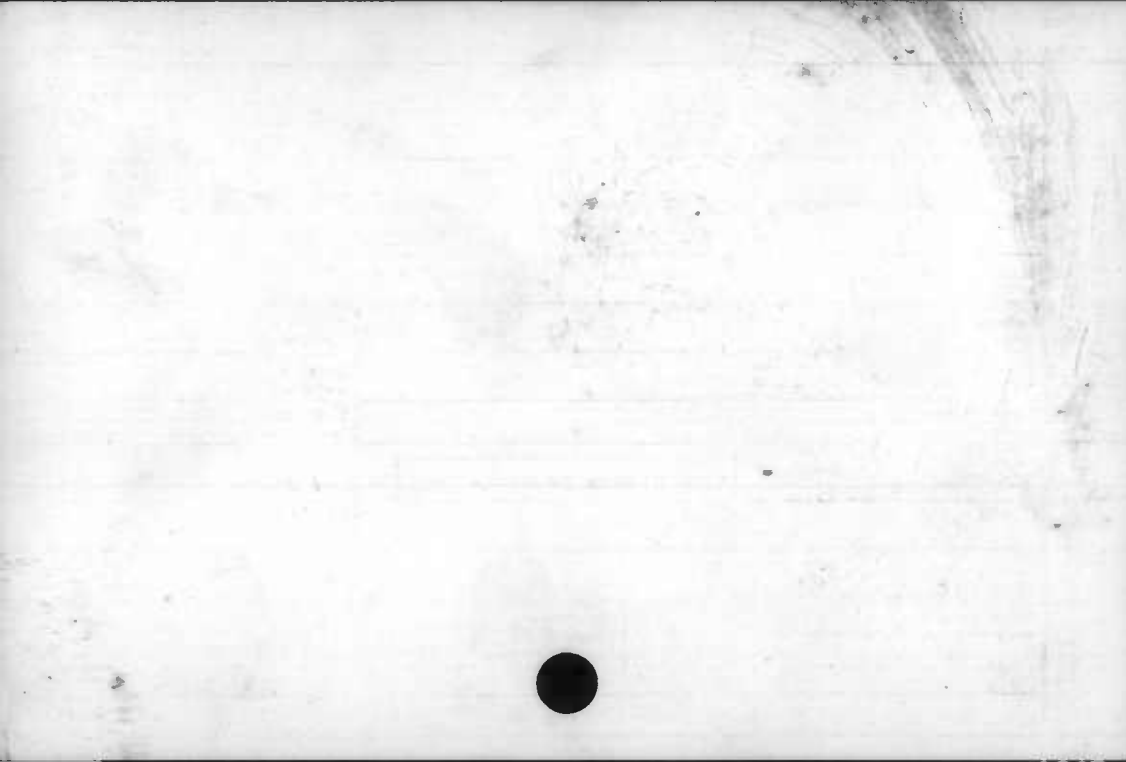
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. Stigens*

Address *Heanover, Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born Pys

Town Hagerstown County Washington MARYLAND

Died at Hagerstown

Date of death 1900 Mar. 24 Age —

Sex Female Color or Race Colored Birth-place Hagerstown Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Chas. A. Pys Father's Birthplace Clearspring Md

Mother's Maiden Name Lydia Monday Mother's Birthplace " " Md

Name of person giving Information Chas. A. Pys How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born Still Born

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. E. Pitsenogle H O

Address Hagerstown Md

Accident or Suicide

S. E. Ford

Name
In
Full

Mrs Fannie Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

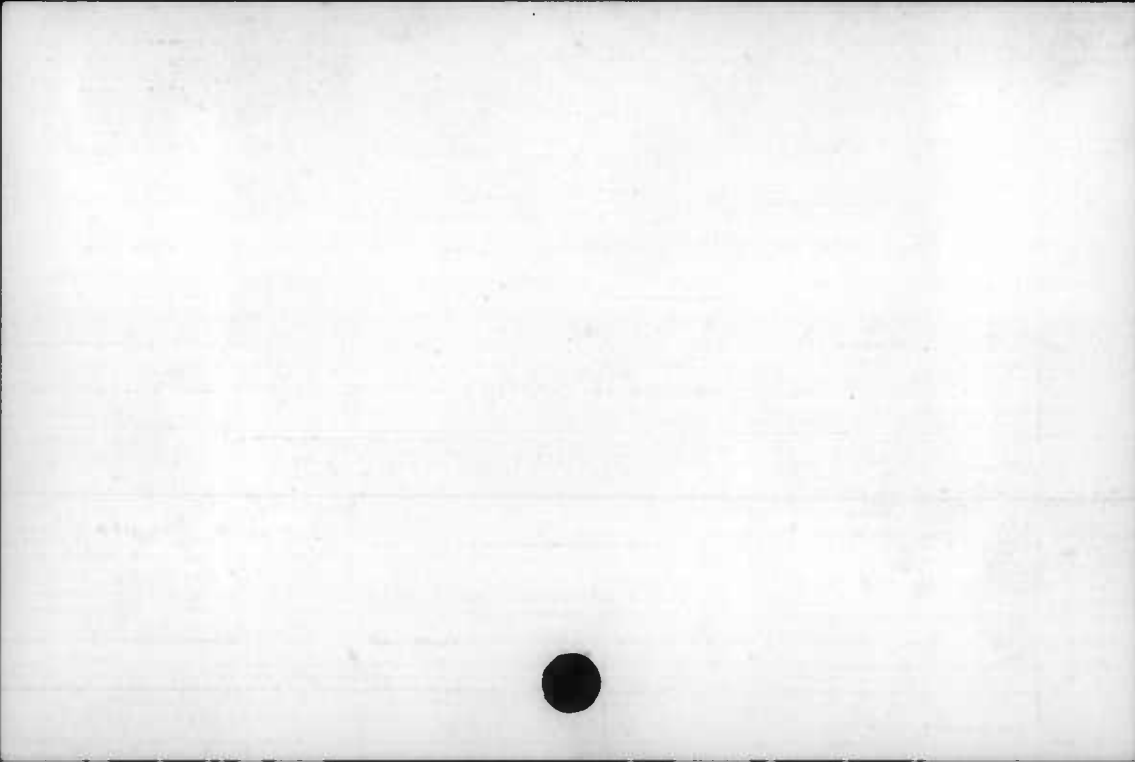
Died at <i>Clear Spring</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1900</i>	<i>3</i> ^{Month}	<i>17</i> ^{Day}	<i>81</i> ^{Years}	<i>1</i> ^{Months}	<i>16</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Jacob Reed</i>				
Father's Name <i>John Reed</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Fannie Herr</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Harriet Conrad</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Infirmity of age</i>	How long <i>Two months</i>
Immediate <i>Heart failure</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank</i>
	Address <i>Clear Spring</i>
	<i>Washington County</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

Robert Reinhardt Rohrer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beaver Creek</i> ^{Town}		<i>Washington Co</i> ^{County}		MARYLAND	
Date of death <i>1940</i>	<i>March</i> ^{Month}	<i>2nd</i> ^{Day}	Age ^{Years}	<i>6</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Beaver Creek</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Frank S Rohrer</i>			Father's Birthplace <i>Beaver Creek</i>		
Mother's Maiden Name <i>Daisy Ellen Reinhardt</i>			Mother's Birthplace <i>Chewsville Md.</i>		
Name of person giving information <i>Mattie May Spessard</i>			How related to deceased <i>Daughter</i>		

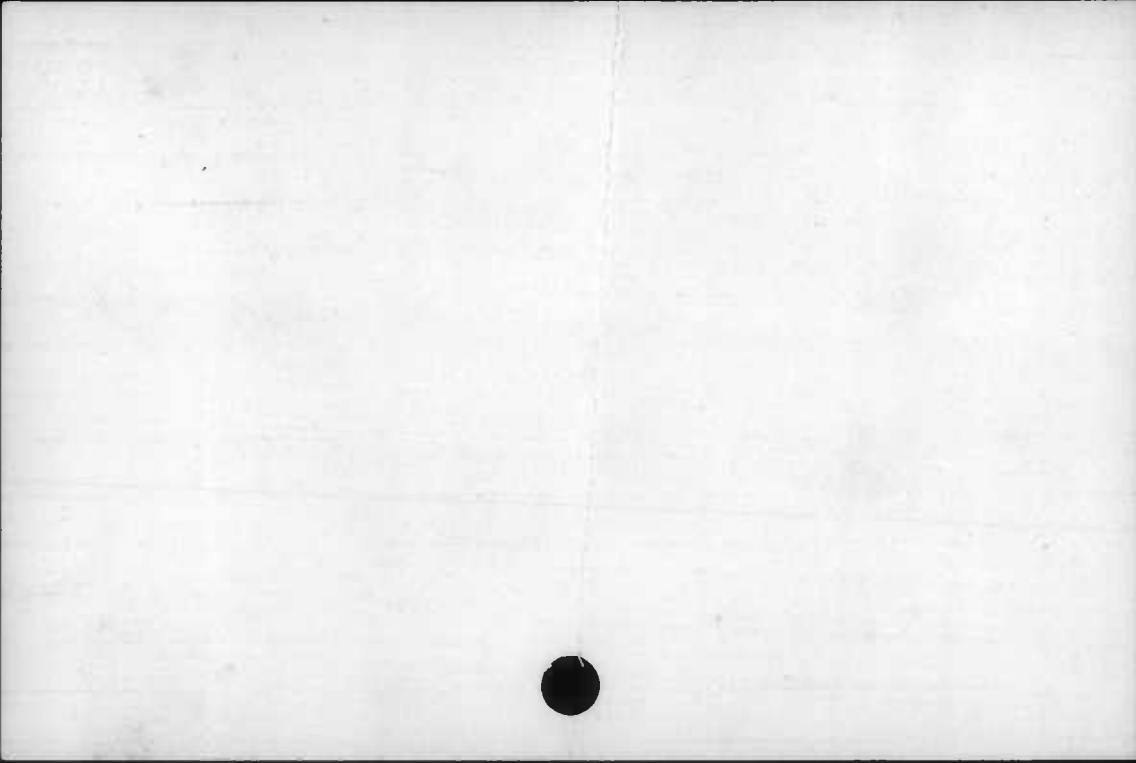
CAUSES OF DEATH

109

110

PHYSICIAN
OR CORONER

Primary <i>Intestinal Hemorrhage</i>	How long <i>3 days</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Quinn MD.</i>
	Address <i>Chewsville Md. Co. Md.</i>
Accident or Suicide?	



Name
in
Full

Miriam Bertha Rosenberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Musk.		MARYLAND	
Date of death	1946	Month Mar.	Day 30	Age —	Years —	Months 3	Days 21
Sex Female	Color or Race Jewish		Birth- place Hagerstown				
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband Samuel Rosenberg					
Father's Name Samuel Rosenberg		Father's Birthplace Germany					
Mother's Maiden Name Hanna Yerber		Mother's Birthplace Russia					
Name of person giving Information J. H. Yerber		How related to deceased Grand father					

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary	Bronch. Pneumonia	How long	Few days
Immediate	Meningitis	How long	2 days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician L. M. Wutz	
		Address Hagerstown - Md -	
Accident or Suicide? —			

Ben Benson

Name
in
Full

Eduard, Rowe.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Smithsburg* ^{Town} *Washington* ^{County} **MARYLAND**
Date of death *1960* ^{Month} *3* ^{Day} *7* ^{Years} *80* ^{Months} *1* ^{Days} *6*
Sex *Male* Color or Race *White* Birth-place *Ireland*
Occupation *Labour* Where Residing if not at place of death *Smithsburg Md.*
Married, Single or Widowed *Widower* Name of Wife or Husband *none*
Father's Name *Unknown* Father's Birthplace *Unknown*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information *David. Reucher.* How related to deceased *none.*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *10 days*

Immediate

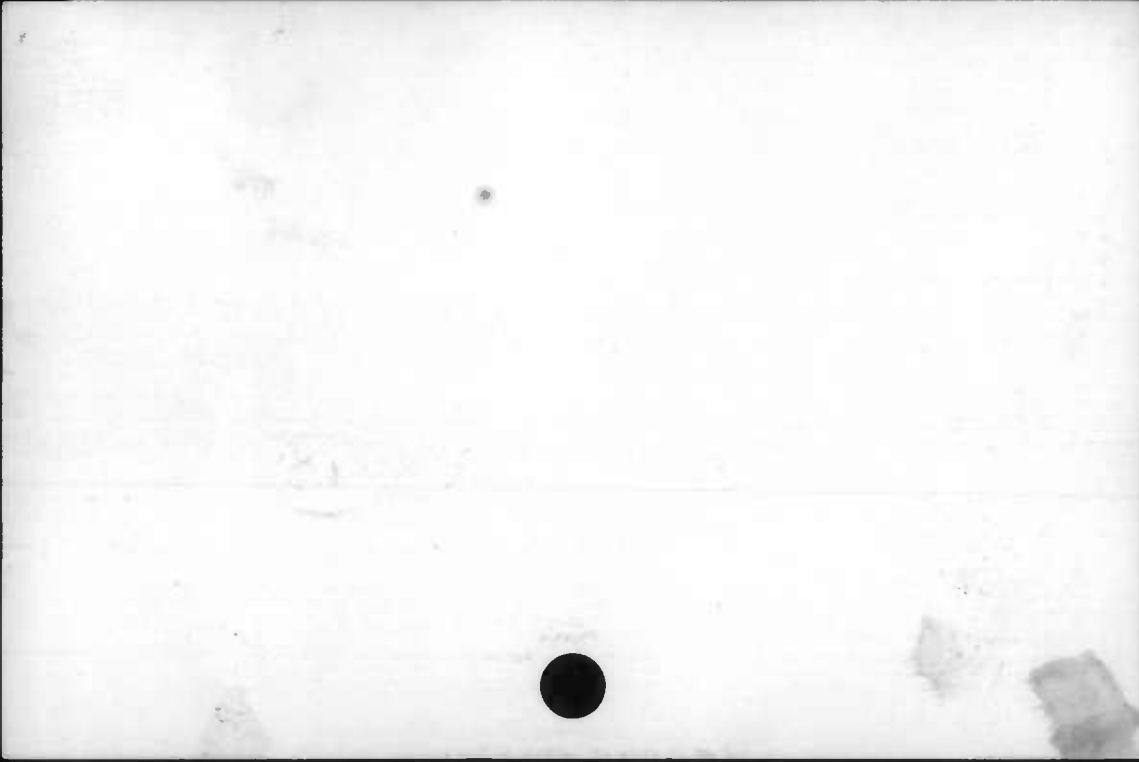
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

H. G. French M.D.
Smithsburg

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Elias Rowland*
Town *Hagerstown* County *Washington*

MARYLAND

Died at *Hagerstown* *Washington*
Date of death 19*60* Month *Mar* Day *26* Age *71* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Me*

Occupation *Retired Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Widower* Name of Wife or Husband *Catherine Krotzer*

Father's Name *Christani Rowland* Father's Birthplace *Germany*

Mother's Maiden Name *Not known* Mother's Birthplace *Not known*

Name of person giving Information *Mrs Sallie Baker* How related to deceased *Son*

CAUSES OF DEATH

79

Primary *Fatty Degeneration of Heart* How long *Years*

Immediate *Hypostatic Pneumonia with Cardiac Failure* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Dr. W. W. Gammell
Hagerstown Md

Accident or Suicide

No.

to Haggan

AK Coffman

Per Ace

A. K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary E. Rowland* Town *Wheaton* County *Washington* MARYLAND
Died at *Wheaton* Month *3* Day *21* Age *70* Years Months *—* Days *—*
Date of death 19*00*
Sex *Female* Color or Race *White* Birth-place *MD*
Occupation *—* Where Residing if not at place of death *John Rowland*

Married, Single or Widowed *Widowed* Name of Wife or Husband *—*
Father's Name *Charles F. Gelwicks* Father's Birthplace *Pa*
Mother's Maiden Name *Mary E. Snyder* Mother's Birthplace *MD*
Name of person giving Information *Charles Gelwicks* How related to deceased *Stephane*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *1 year*
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide *No*

PHYSICIAN
OR CORNER

Rose Hill

J. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Gold Pearl Sage* Town *Hagerstown* County *Washington* MARYLAND
Died at
Date of death *1900* Month *3* Day *16* Age *26* Years Months *5* Days
Sex *Female* Color or Race *White* Birth-place *MD*
Occupation *Housewife* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *John W. Sage*
Father's Name *Brinkman* Father's Birthplace *MD*
Mother's Maiden Name *Emma Statler* Mother's Birthplace *MD*
Name of person giving Information *Brinkman Statler* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *28* years (?)
Immediate *✓* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*John Statler Jr.
Reg. Md*

Accident or Suicide *no*

PHYSICIAN
OR CORNER

J. M. Watkins

Name
in
Full

Charles L. Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1940 3 29 Age 33 Months 4 Days 4

Sex male Color or Race white Birth-place Penna.

Occupation Butcher Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Lambert Sanders

Father's Birthplace Pa.

Mother's Maiden Name Catherine Shank

Mother's Birthplace

Name of person giving Information P. Parke Geiger

How related to deceased brother-in-law

CAUSES OF DEATH

29

Primary Pulmonary Tuberculosis

How long 6 Months

Immediate Erythema

How long 2 Months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. K. Den. M.D.

Address

Hagerstown Md.

Accident or Suicide

PHYSICIAN
OR CORONER

L. M. Suter & Son,
Weymouth,

L. M. Suter & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Harvey Ellsworth Smith</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>3</i>		Day <i>26</i>		Age <i>25</i>	
Date of death <i>1900</i>		Month <i>3</i>		Day <i>26</i>		Age <i>25</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>3</i>	
Occupation <i>Painter</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sada C. Greeter</i>					
Father's Name <i>Colvin Smith</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Annie Marmingston</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Lester Smith</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Miliary Tuberculosis (Pulmonary)</i>	How long <i>5-6 weeks -</i>
Immediate <i>Intoxication</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. M. Werk</i>
<i>—</i>	Address <i>Hagerstown - Md</i>
Accident or Suicide? <i>—</i>	

Watkins

Boac Hill

J. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

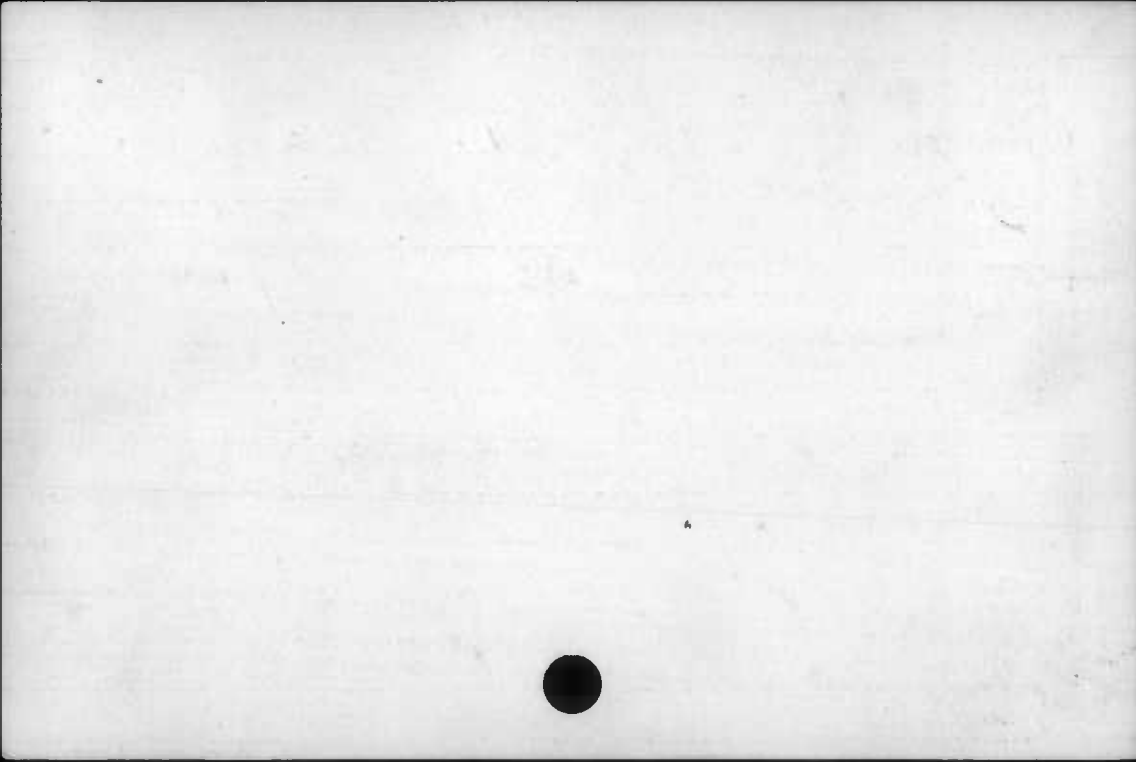
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		Mar	28	7	6	9	8
Sex		Color or Race		Birth-place			
Female		White		Frankstown			
Occupation		Where Residing if not at place of death					
House Wife		Frankstown					
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Spelman					
Father's Name		Father's Birthplace					
Richard Welsh		No					
Mother's Maiden Name		Mother's Birthplace					
Margaret Gorman		No					
Name of person giving information		How related to deceased					
Rose E. Long		Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Paralysis	3 years
Immediate	How long
Heart Failure	12 Hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	C. J. Wray
	Address
	Frankstown
Accident or Suicide?	
	Med



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dimple Spracher

Town

County

MARYLAND

Died at Filmington

Washington

Date

of death 19

10

Month

3

Day

15

Age

Years

16

Months

7

Days

11

Sex

Female

Color or
Race

White

Birth
place

Filmington

Occupation

None

Where Residing if not
at place of deathMarried Single
or WidowedName of Wife or
HusbandFather's
Name

William Spracher

Father's
Birthplace

Filmington

Mother's
Maiden Name

Mary Smith

Mother's
Birthplace

Filmington

Name of person giving
Information

Mary Spracher

How related
to deceased

Mother

CAUSES OF DEATH

138

Primary

Puerperal Eclampsia

How long

About 2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. H. Gardner

Sharpsburg - Md.

Accident or Suicide

PHYSICIAN
OR CORONER

L E Sumner & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Mary E. Stouffer
Died at Hagerstown Washington County MARYLAND
Date of death 1900 3 11 Age 63
Sex Female Color or Race White Birth-place Md
Occupation Glove maker Where Residing if not at place of death _____
Married, Single or Widowed Widow Name of Wife or Husband Jeremiah Stouffer
Father's Name Andrew Marr Father's Birthplace Md
Mother's Maiden Name Elizabeth Bomberger Mother's Birthplace Md
Name of person giving Information Andrew Marr How related to deceased Bro

CAUSES OF DEATH

Primary Apoplexy How long Sudden
Immediate Exhaustion How long 24
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician A. P. Stouffer Md
Address Hagerstown Md
Accident or Suicide yes

PHYSICIAN
OR CORNER

L. M. Harkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Harvey Taylor.

Died at Hoanacooc Washington County MARYLAND
 Date of death 1980 Month Mar. Day 29 Age 76 Years Months 2 Days 28.

Sex Male Color or Race White Birth-place Penna.
 Occupation Retired Farmer Where Residing if not at place of death Died at Home.

Married, Single or Widowed Married Name of Wife or Husband Margret Gregory.

Father's Name John Taylor Father's Birthplace Penna

Mother's Maiden Name Sarah M. Carrigan Mother's Birthplace Penna.

Name of person giving Information J. M. Taylor How related to deceased Son.

CAUSES OF DEATH

Primary Pneumonia How long 3 days
 Immediate Asthma How long —

Are the name, age, sex, color, date and place correctly given above?

Yes

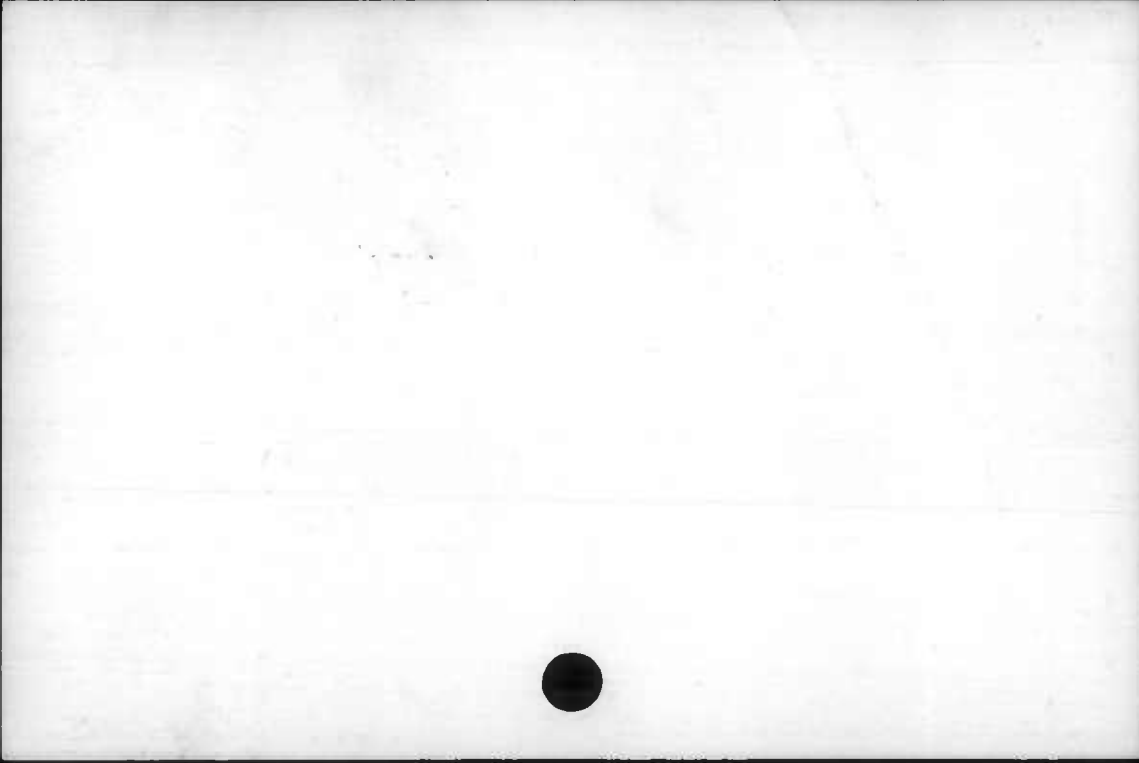
Signature of Physician

Address

Accident or Suicide

No

James T. Hancock
Med



Name in Full		James K. Tracy				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Antietam		County		Washington			
	Date of death		1960		Month		Mar.			
	Day		19		Age		65			
	Sex		Male		Color or Race		White			
	Occupation		Blacksmith		Birth-place		Mercersburg, Pa			
	Where Residing if not at place of death									
	Married, Single or Widowed		Married		Name of Wife or Husband		Mary B. Tracy			
Father's Name		Peter Tracy				Father's Birthplace		unknown		
Mother's Maiden Name		Mary Knowles				Mother's Birthplace		unknown		
Name of person giving information		Jacob H. Tracy				How related to deceased		Son.		
		CAUSES OF DEATH				79				
PHYSICIAN OR CORONER	Primary		Organic Heart Disease				How long		Years	
	Immediate						How long			
	Are the name, age, sex, color, date and place correctly given above?		y/s.		Signature of Physician		E. W. Garrett			
					Address		Shirpsburg, Ind.			
	Accident or Suicide?									

Phas. S. Wade
undertaken

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Thomas Turner

Died at

Old Pope's Creek

Washington

MARYLAND

Date

of death 1910

Month

April

Day

1

Age

Years

64

Months

4

Days

2

Sex

Male

Color or
Race

White

Birth-
place

Emmett Md

Married, Single
or Widowed

Married

Occupation

Farmer

Name of Wife or
Husband

Martha Ellen Davis

Wm Co Md

Father's
Name

Geo. M. Turner

Father's
Birthplace

Soul Know

Mother's
Maiden Name

Elizabeth Pool

Mother's
Birthplace

Soul Know

Name of person giving
Information

Martha E. Turner

How related
to deceased

Wife

CAUSES OF DEATH

How long

Six weeks

Primary

Typhoid Fever.

How long

one week

Immediate

Weak heart, heart failure

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Dr. Richard George
Williamsport Md.

Williamsport Md.

Accident or Suicide?

No.

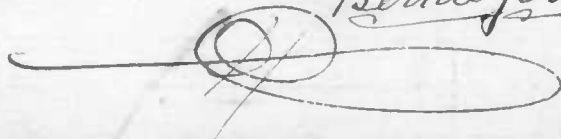
Mar. 5th 1910

J. F. Kups

Undertaker

interment Hard Scrabble Cemetery.

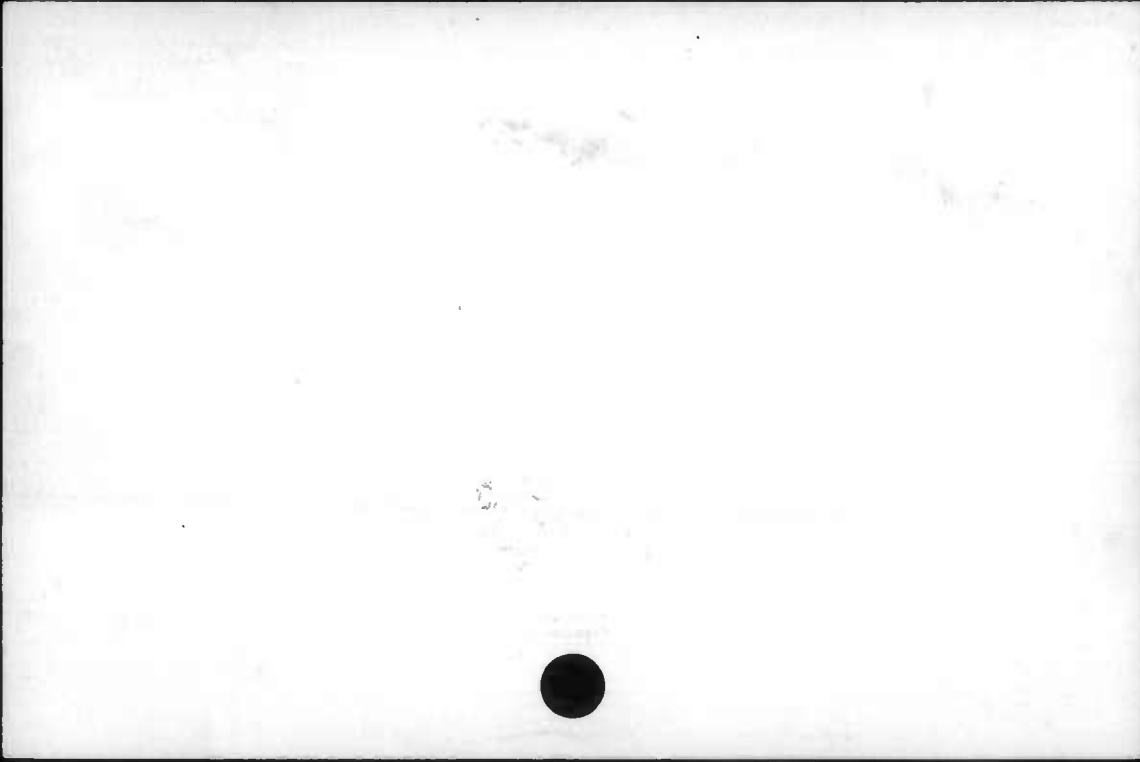
Berkley Co. W. Va.



Name in Full		Town				County		CERTIFICATE OF DEATH			
Unnamed Infant		Downsville				Washington		MARYLAND			
Died at		Month		Day		Years		Months		Days	
Date of death 1940		mch		8		Age 0		0		0	
Sex male		Color or Race white		Birth-place		Downsville					
Occupation		Where Residing if not at place of death									
Married, Single or Widowed		Name of Wife or Husband									
Father's Name		John Waffensmith Jr				Father's Birthplace		near md. Downsville			
Mother's Maiden Name		Aetha Roberts				Mother's Birthplace		montgomery			
Name of person giving Information		Father John Waffensmith				How related deceased		father			
CAUSES OF DEATH											
Primary		Still born				How long		-			
Immediate		-				How long		-			
Are the name, age, sex, color, date and place correctly given above?		yes.				Signature of Physician		W. Richardson			
Accident or Suicide		7w				Address		Williamsport Md.			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDJames W. Wagner
Died at *Hagerstown* Town *Wash.* CountyDate of death 19*00* Month *3* Day *16* Age *61* Months *4* Days *20*Sex *male* Color or Race *white* Birth-place *Penna*Occupation *Printer* Where Residing if not at place of death *Wash. D.C.*Married, Single or Widowed *married* Name of Wife or Husband *Raucy J. Wagner*Father's Name *Alfred Wagner* Father's Birthplace *Penna*Mother's Maiden Name *Isabella Miller* Mother's Birthplace *Penna.*Name of person giving Information *Mrs C. H. Spangler* How related to deceased *daughter*

CAUSES OF DEATH

30

Primary *Tuberculosis of vertebra. Potts abscess.*How long *6 mos. +*Immediate *Tuberculosis meningitis*How long *6 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Peregrine Brooke, Jr.

Address

*Hagerstown Md.*PHYSICIAN
OR CORONER

Accident or Suicide

E. M. Suter & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jacob E. Wakenight* Town *St James* County *Wash.* MARYLAND

Died at *St James*

Date of death *1910* Month *3* Day *29* Age *41* Years Months *5* Days *16*

Sex *male* Color or Race *white* Birth-place *Ind.*

Occupation *Farmer* Where Residing if not at place of death _____

Married, Single or Widowed *married* Name of Wife or Husband *Lillie Wakenight*

Father's Name *William Wakenight* Father's Birthplace *Ind.*

Mother's Maiden Name *Louisa Brown* Mother's Birthplace *Ind.*

Name of person giving information *Lillie Wakenight* How related to deceased *wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Pneumonia* *How long* *one week*

Respiratory Failure *How long* *12 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *S. W. Dugan* Address *Hagerstown*

Accident or Suicide? *No.* *Ind*

E. M. Suter & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Roy. Corrhille West

Died at *Meriton* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death *1900* ^{Month} *3* ^{Day} *26* ^{Age} *Years* ^{Months} *1* ^{Days} *1*

Sex *Male* Color or Race *White* Birth-place *Moab*

Occupation *---* Where Residing if not at place of death *---*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

Instrument - at - Knoxville.
C H Feet. Undertaken

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Brounell Kinder
 Died at *Beards Church* *Washington* **MARYLAND**
 Date of death *1900* Month *3* Day *14* Age *1* Years *2* Months *14* Days
 Sex *Male* Color or Race *White* Birth-place *Beards Church*
 Occupation *None* Where Residing if not at place of death *Near Beards Church*
 Married, Single or Widowed *Single* Name of Wife or Husband *None*
 Father's Name *Geo. W. Kinder* Father's Birthplace *Beuners Creek*
 Mother's Maiden Name *Anna Mary Shank* Mother's Birthplace *Smithsburg*
 Name of person giving Information *Annie Mary Kinder* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Broncho Pneumonia* How long *10 days*
 Immediate *Spinal meningitis* How long *2 days*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *Dr. M. K. Fowler*
 Address *Smithsburg Md*
 Accident or Suicide ☒



Name
in
Full

Still born.

Wishard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

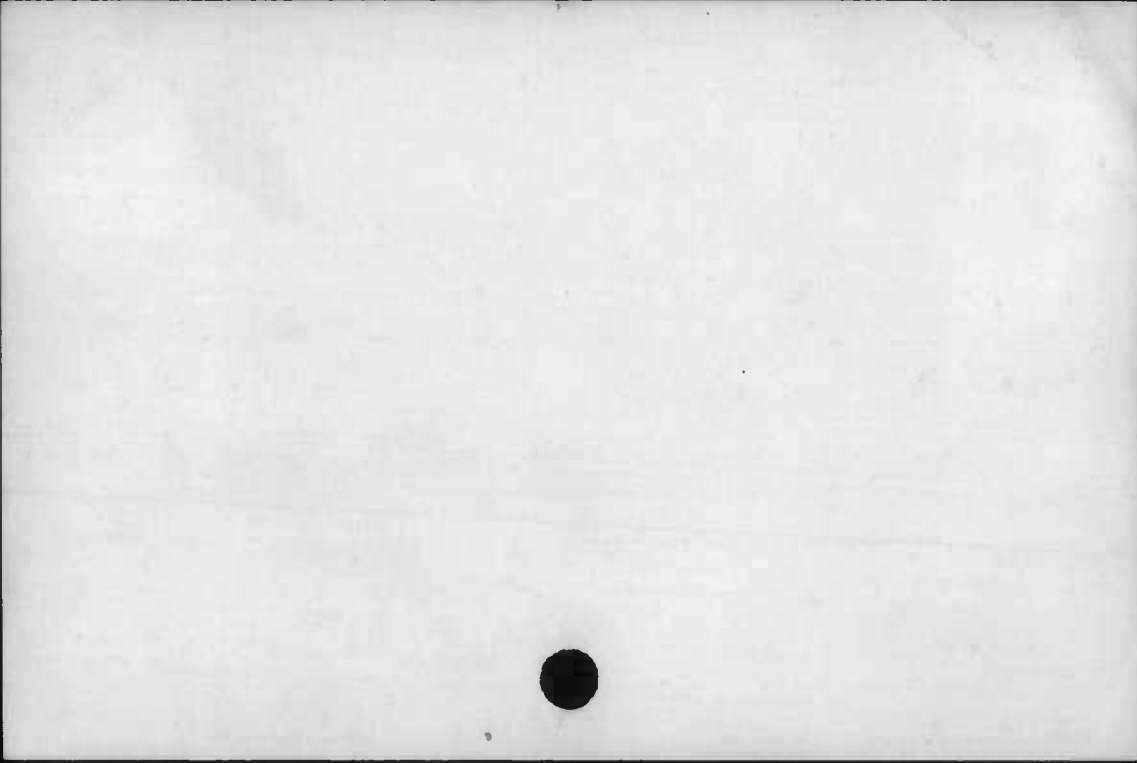
Died at <u>Fair View</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u> <small>Year</small>	<u>March</u> <small>Month</small>	<u>17</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u> </u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>md</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>John J. Wishard</u>			Father's Birthplace	<u>Pa</u>
Mother's Maiden Name	<u>Mary Alice Troumpower</u>			Mother's Birthplace	<u>md</u>
Name of person giving information	<u>John J. Wishard</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

5

PHYSICIAN
OR CORONER

Primary	<u>Premature separation of placenta</u>	How long
Immediate	<u>Asphyxia in utero</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician
		<u>P. W. M. Laughlin</u>
		Address
		<u>Meloh Run Pa</u>
Accident or Suicide?	<u>No</u>	



Name
in
Full

Mary Alice Wishard & Infant Son

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fair View ^{Town} Washington ^{County} MARYLAND

Date of death 1960 ^{Month} March ^{Day} 17 ^{Years} Age 39 ^{Months} 11 ^{Days} 25

Sex Female Color or Race White Birth-place Ind

Occupation Housewife Where Residing if not at place of death

Married, ~~Single~~ or Widowed Name of Wife or Husband John I Wishard

Father's Name Jacob Trumppower Father's Birthplace Ind

Mother's Maiden Name Mary Mills Mother's Birthplace Pa

Name of person giving Information J. I. Wishard How related to deceased Husband

CAUSES OF DEATH

135

PHYSICIAN
OR CORONER

Primary Child Birth How long 3 hours

Immediate Uterine Hemorrhage How long 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician P. W. McLaughlin

Address Welsh Run Pa

Accident or Suicide

Leonard Trumppower Millstone
Othe Shives "

187
3
1916

Mar 22 1570

Name
in
Full

Annie Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 1900 <i>Mar.</i> ^{Month}		<i>13</i> ^{Day}	Age <i>Two</i> ^{Years}	<i>Hours</i> ^{Months}	<i>Days</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Smithsburg, Md.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>" "</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Leslie Wolf</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Annie Donaldson</i>	Mother's Birthplace <i>Smithsburg, Md.</i>				
Name of person giving Information <i>Blanche Ferguson</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

152 ✓

Primary *Cyanosis Neonatorum* How long *Two Hours*

Immediate " " How long " "

Are the name, age, sex, color, date and place correctly given above?

Yes

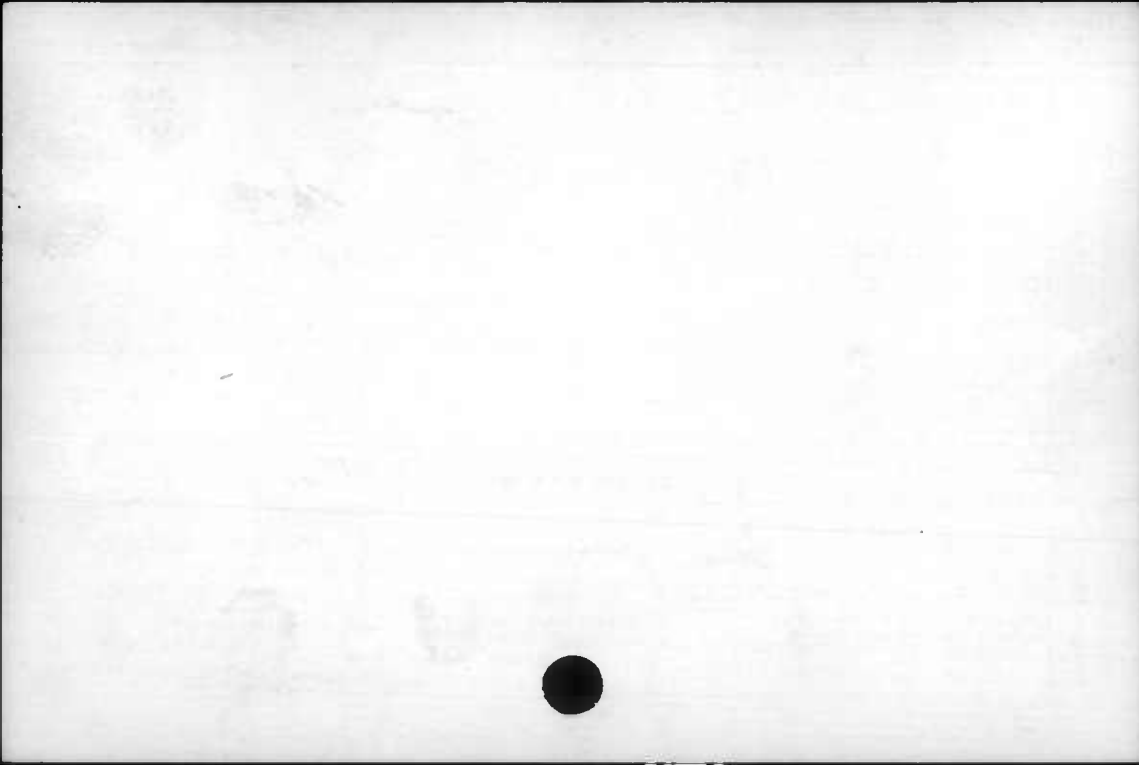
Signature of Physician

Address

Dr. Joseph Protzman
Smithsburg
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Walter Woods

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1900	Month	March	Day	29
Age		47		Months	—
Sex	male		Color or Race	Colored	
Occupation	Laborer		Birth-place	Summerspoint W Va	
Where Residing if not at place of death		—			
Married, Single or Widowed	single		Name of Wife or Husband		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving Information	Alexander Williams		How related to deceased	Friend	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Lesion</i>		How long	<i>Don't know</i>
Immediate	<i>Heart Failure</i>		How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		<i>J. E. Pitsenogle St. O. Hagerstown Md</i>		
Accident or Suicide				

S. E. Ford.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William G Young* Town *Paramount* County *Washington* MARYLAND
Died at
Date of death *1960* Month *3* Day *22* Age *57* Years Months *3* Days *26*

Sex *Male* Color or Race *White* Birthplace *MD*
Occupation *Retired Farmer* Where Residing if not at place of death *MD*
Married, Single or Widowed *Married* Name of Wife or Husband *Martha Dly Lee*
Father's Name *George Young* Father's Birthplace *MD*
Mother's Maiden Name *Catherine Rhodes* Mother's Birthplace *MD*
Name of person giving Information *Martha Young* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Bright's* How long *1 1/2 years*
Immediate *Urinary poisoning* How long *48 hours*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. D. Huppert*

Address

Accident or Suicide *No*

PHYSICIAN
OR CORNER

Coffman
Long Meadows.
A.K. Coffman

Name
in
Full

Elizabeth B. Zittle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Zittatown</i> Town		<i>Washington</i> County	
Date of death <i>1940 March</i>	Month <i>4</i>	Day <i>4</i>	Age <i>63</i> — Years
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Mayland</i>
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Josiah Zittle</i>		
Father's Name <i>William Lapole</i>	Father's Birthplace <i>Mayland</i>		
Mother's Maiden Name <i>Mary Purdy</i>	Mother's Birthplace <i>Mayland</i>		
Name of person giving information <i>Laura Lapole</i>	How related to deceased <i>Sister in law</i>		

CAUSES OF DEATH

93

Primary	<i>Lobar Pneumonia</i>	How long <i>6 days</i>
Immediate	<i>Heart Failure, Syncope</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. Hulst Wade, M.D.</i>
		Address <i>Bonusboro, Ind.</i>
Accident or Suicide?	<i>No</i>	

PHYSICIAN
OR CORONER

Brimm & Bart
Undertakers

